

February 1, 2026

UTILIZATION MANAGEMENT STANDARD CLINICAL REVIEW PREAUTHORIZATION LIST

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

Code Changes Are Highlighted In Grey

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

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

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

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

CareCentrix

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

EViCore:

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

Internet Request: Intelligency for excellentistics confluxionizations/medical/evicor-healthcare

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

Services for Musculaskeletal (MSK) require prior authorization via EViCore for Fully Insured Commercial and Medicare Advantage Policies.

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

					Commercial Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	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	
ВН	Behavioral Health (Psvchology)	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psvchology)	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 (Psvchology)	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	
ВН	Behavioral Health (Psychology)	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	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)	If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)	H0035	0900		If out of NYS, Authorization is Required)	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)	Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)	H0035	0912		If out of NYS, Authorization is Required)	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)	Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)	H0035	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)	
ВН	Behavioral Health (Psychology)	H0036	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	

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

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	Kate Coue	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	Pieuicare	IIIIO D-SIEP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (ii applicable)
					HNY EPO)	EPO & POS)			Notification Required only for		Notification Required only for		
									the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	#N/A	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
									the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60		
BH	#N/A	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	#N/A	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	#N/A	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
	Behavioral Health							Notification Required only for			Notification Required only for	Notification Required only for	
BH	Behavioral Health (Psychology)	H2017	None		Not Required	Not Required	Not Required	CORE (Community Oriented Recovery Empowerment)	Not Required	Not Required	Children and Family Treatment and Support Services (CFTSS)	CORE (Community Oriented Recovery Empowerment)	
		1						(for HARP members only)				, .,	
RH	Behavioral Health	H2017	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented	Not Required	Not Required	Notification Required only for Children and Family Treatment	Notification Required only for CORF (Community Oriented	
	(Psychology)	112017	0300		Not required	Not required	Not required	Recovery Empowerment) (for HARP members only)	Not required	Not required	and Support Services (CFTSS)	Recovery Empowerment)	
								Notification Required only for			Notification Required only for	Notification Required only for	
ВН	Behavioral Health (Psychology)	H2017	0911		Not Required	Not Required	Not Required	CORE (Community Oriented Recovery Empowerment)	Not Required	Not Required	Children and Family Treatment and Support Services (CFTSS)	CORE (Community Oriented Recovery Empowerment)	
	Behavioral Health							(for HARP members only)					
BH	(Psychology) Behavioral Health	H2023	None		Not Required	Not Required	Not Required	Required Required	Not Required	Not Required	Not Required	Required	
BH	(Psychology)	H2023	0900		Not Required	Not Required	Not Required	(only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(=/=-==5//								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(=/=-==5//								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
ВН	Behavioral Health (Psychology)	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
	Behavioral Health				PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in		PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in NYS.	PLEASE READ IN FULL (If a service is Rendered in NYS.	PLEASE READ IN FULL	PLEASE READ IN FULL (If a service is Rendered in	
BH	Behavioral Health (Psychology)	S0201	None		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS, Authorization is	Required	NYS, Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	NYS, Notification is Required. If out of NYS, Authorization is	
BH	Behavioral Health	\$5150			Required) Not Required	Required) Not Required	Not Required	Required) Not Required	Required)	Required) Not Required	Required Required	Required)	
BH	(Psychology)	55150			Not kequired	Not kequired	Not Kequired	Not kequired	Notification Required only for	Not kequired	Notification Required only for	Required	
	Behavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
BH	(Psychology)	S5150HA	0900	8023	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
		-						1	intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health								the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	S5150HA	0911	8023	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
		-						1	intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health	S5150HAHKH							the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	Q	0900	8026	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
		1							intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health	S5150HAHKH							the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	Q	0911	8026	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
		1						1	intial service period. Notification Required only for		intial service period. Notification Required only for		
	Debardend Health								the initial service period of 60		the initial service period of 60		
BH	Behavioral Health (Psychology)	S5150HAHQ	0900	8027	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5150HAHQ	0911	8027	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
		1	ı		I	i l			Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.	1	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commencial Bradusts but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or Medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	managed medicaid	Program	
					HNY EPO)	EPO & POS)			Notification Required only for		Notification Required only for		
	Behavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
BH	(Psychology)	S5150HAET	0900	8028	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.		intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	S5150HAET	0911	8028	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(i sychology)								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for		Notification Required only for		
BH	Behavioral Health	S5150HAUN		8065	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
BH	(Psychology)	33130104014		8003	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
	Rehavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
BH	(Psychology)	S5150HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Authorization Required for	Not Required	Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5150HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(i sychology)								Concurrent Review beyond the		Concurrent Review beyond the		
BH	Behavioral Health	S5150HB			Not Required	Not Required	Not Required	Not Required	intial service period. Not Required	Not Required	intial service period. Notification Required	Notification Required	
BH	(Psvchology) Behavioral Health	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	(Psychology) Behavioral Health	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
GI .	(Psychology)	55151			Not required	Not required	Hot requires	Not required	Notification Required only for	Not required	Notification Required only for	requied	
	Behavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
ВН	(Psychology)	S5151HA	0900	8024	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.		intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	S5151HA	0911	8024	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health	S5151HAHK	0900	8025	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior	Not Required	days/96 units/24 hours; Prior	Not Required	
	(Psychology)								Authorization Required for Concurrent Review beyond the		Authorization Required for Concurrent Review beyond the		
									intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours; Prior		
ВН	(Psychology)	S5151HAHK	0911	8025	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
									the initial service period of 60		the initial service period of 60		
BH	Behavioral Health (Psychology)	S5151HAET	0900	8029	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health	S5151HAET	0911	8029	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours: Prior	Not Required	days/96 units/24 hours: Prior	Not Required	
	(Psychology)								Authorization Required for Concurrent Review beyond the		Authorization Required for Concurrent Review beyond the		
									intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health	S5151HAETH							the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
ВН	(Psychology)	К	0900	8030	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
				1					intial service period.		intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5151HAETH K	0911	8030	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
вн	Behavioral Health	S5151HAUN		8066	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(Psychology)								Authorization Required for Concurrent Review beyond the		Concurrent Review beyond the		
				1					intial service period. Notification Required only for		intial service period. Notification Required only for		
DI I	Behavioral Health	CETETUR	0000	0005	Not Described	Net Descriped	Not Described	Not Described	the initial service period of 60 days/96 units/24 hours; Prior	Net Descriped	the initial service period of 60 days/96 units/24 hours; Prior	Net Descriped	
BH	(Psychology)	S5151HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
				1					intial service period.		intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5151HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
ВН	Behavioral Health (Psychology)	S5151HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
				1	PLEASE READ IN FULL	PLEASE READ IN FULL		PLEASE READ IN FULL	PLEASE READ IN FULL	PLEASE READ IN FULL	PLEASE READ IN FULL	PLEASE READ IN FULL	
		i i	1	1	(If a service is Rendered in	(If a service is Rendered in		(If a service is Rendered in	(a) a service is Rendered in NYS,	(If a service is Rendered in NYS,		(If a service is Rendered in	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	None		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required.	Not Required	NYS, Notification is Required. I out of NYS, Authorization is	If Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of	NYS, Notification is Required. If out of NYS, Authorization is	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	(Commercial Products but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	Kate Coue	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Piedicare	IIIIO D-SIEP	Child Health Plus	Essential Plan	Managed Medicaid	Program	рыднозь кединения (н аррисале)
					HNY EPO) PLEASE READ IN FULL	EPO & POS) PLEASE READ IN FULL		PLEASE READ IN FULL	PLEASE READ IN FULL	PLEASE READ IN FULL		PLEASE READ IN FULL	
BH (Excludes Chemical	Behavioral Health	S9480	0905		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	PLEASE READ IN FULL (If a service is Rendered in NYS,	(If a service is Rendered in NYS, Notification is Required.	
Dependency Diagnosis)	(Psychology)	33100	0303		If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	Not required	out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
ВН	Behavioral Health	T2013			Not Required	Not Required	Not Required	Required (only if the member is also a	Not Required	Not Required	Not Required	Required	
	(Psychology) Behavioral Health				,	· ·		member of HARP)	· ·		·		
ВН	(Psychology) Behavioral Health	T2015	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	(Psychology) Behavioral Health	T2015	0900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
BH	(Psychology)	T2015	0911		Not Required	Not Required	Not Required	Not Required	Not Required Notification Required only for	Not Required	Not Required Notification Required only for	Required	
	Behavioral Health								the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	T2015HA	0900	8006	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
BH	Behavioral Health	T2015HA	0911	8006	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
bri	(Psychology)	12015NA	0911	8000	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
ВН	Behavioral Health	T2015HAUN	0900	8007	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
BH	(Psychology)	12013114014	0900	8007	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
ВН	Behavioral Health	T2015HAUN	0911	8007	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
DFI	(Psychology)	12015HAUN	0911	8007	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									Intial service period. Notification Required only for		intial service period. Notification Required only for		
BH	Behavioral Health	**************************************	0900	8008					the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
ВН	(Psychology)	T2015HAUP	0900	8008	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
	Behavioral Health								the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	T2015HAUP	0911	8008	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
	Therapy and								intial service period.		intial service period.		
BH	Rehabilitation Therapy and	T2017			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	Rehabilitation	T2019	None		Not Required	Not Required	Not Required	Required	Not Required Notification Required only for	Not Required	Not Required Notification Required only for	Required	
BH		T2020HA	0240	7933				Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior		
BH	#N/A	12020HA	0240	7933	Not Required	Not Required	Not Required	Not kequired	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
BH	#N/A	T2020HAUN	0240	7934	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
BH	#IQA	12020114014	0240	7954	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period. Notification Required only for		intial service period. Notification Required only for		
ВН	#N/A	T2020HAUP	0240	7935	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
DFI	#N/A	12020HAUP	0240	7933	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
					PLEASE READ IN FULL	PLEASE READ IN FULL		PLEASE READ IN FULL	intial service period. PLEASE READ IN FULL	PLEASE READ IN FULL	intial service period. PLEASE READ IN FULL	PLEASE READ IN FULL	
BH	#N/A		0124		(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
	·				Required)	If out of NYS, Authorization is Required)		Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
					PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in		PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL	PLEASE READ IN FULL (If a service is Rendered in	
ВН	#N/A		0126		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS, Authorization is	Not Required	NYS, Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	NYS, Notification is Required. If out of NYS, Authorization is	
					Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	PLEASE READ IN FULL	Required) PLEASE READ IN FULL	
ВН	#N/A		0128		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required, If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
	· .				If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required) PLEASE READ IN FULL	<u> </u>	out of NYS, Authorization is Required) PLEASE READ IN FULL	of NYS, Authorization is Required) PLEASE READ IN FULL	of NYS, Authorization is Required) PLEASE READ IN FULL	Notification is Required. If out of NYS, Authorization is Required)	Penuired)	
					PLEASE READ IN FULL (If a service is Rendered in	(If a service is Rendered in		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS.	(If a service is Rendered in NYS.	PLEASE READ IN FULL	PLEASE READ IN FULL (If a service is Rendered in	
BH	#N/A		1002		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS, Authorization is	Not Required	out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	NYS, Notification is Required. If out of NYS, Authorization is	
					Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	
ВН	#N/A		1001		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
	· 				If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	<u> </u>	out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
DME	Digestive System (Gastroenterology)	A4239			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4520			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4540			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4554			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4560			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Durable Medical	A4575			Required	Required	Required	Required	Required	Required	Required	Required	1

				Commercial								
				Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Re Code (venue ode Rate C	(Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
DME	Durable Medical	A4593		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4594		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A6501		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A6503		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A6507										
DME	Equipment Skin (Dermatology)	A05U/ A9272		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
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	A9280		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A9281		Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A9282		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment 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	E0217		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	E0240		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E0245		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0255		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0256		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0260		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0260		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical										-	
DME	Equipment Durable Medical	E0266		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0274		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0277		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	E0290		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	E0291		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E0292		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	E0294		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	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	E0371		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0372		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0445		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0446		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment 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 DME	Sleep Medicine Lungs (Respiratory)	E0472 E0481		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME DME	Lungs (Respiratory) Lungs (Respiratory)	E0482 E0483		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
DME	Sleep Medicine	E0485		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME DME	Lungs (Respiratory) Sleep Medicine	E0486 E0490		Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME DME	Sleep Medicine Sleep Medicine	E0491 E0492		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME DME	Sleep Medicine Durable Medical	E0493 E0500		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
DME	Equipment Heart and Blood Vessel	E0616		Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Durable Medical						-					
DME	Equipment Home Care & Home	E0619		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Infusion Nursina Visits	E0625		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure	Revenue Rate Code	(Commercial Products h	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code Rate Code	not limited to: HMO, PPI	O, (Commercial Products, but not limited to: HMO, PPO,	Medicale	IIIIO D-SIEP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Kequiteriients (II applicable)
	Home Care & Home			HNY EPO)	EPO & POS)							
DME	Infusion Nursing Visits Home Care & Home	E0627		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Infusion Nursing Visits Durable Medical	E0630 E0637		Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required	Required	Required	
	Equipment Durable Medical	E0637 E0638		Required					Not Required	Required	Required	
DME	Equipment Durable Medical	E0638 E0641		Required	Required	Required	Required	Required	Required	Required	Required	
	Equipment Durable Medical			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0642		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0650		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0651		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0652		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0655		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0656		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0658		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0659		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0660		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0666		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0667		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0669		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E0670		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	E0671 E0673		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment			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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				Commorcial								
				Fully Insured	Commercial Self Funded						Cofeen No.	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
DME	Durable Medical	E0912		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0935		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0936		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
	Equipment Durable Medical	E0936		Not Required		Not Required						
DME	Equipment Durable Medical				Not Required		Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0945		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1002		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1003		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1004		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1005		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E1006		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1007		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1008		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1009		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1010		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1011		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1016		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1022		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1023		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1031		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1036		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1038		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1039		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1050		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F1060		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F1070		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1070		Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
	Equipment Durable Medical						.,					
DME	Equipment Durable Medical	E1087		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1088		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1089		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1090		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1092		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1100		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1110		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1130		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1140		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1150		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1160		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1161		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1170		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1171		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1172		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1180		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1190		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1195		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1220		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1221		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1222		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1223	 	Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1224		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Equipment Durable Medical	E1224	-									
DME DME	Equipment Durable Medical	E1228		Not Required	Not Required	Not Required Not Required	Not Required	Required Not Required	Not Required	Required	Required	
	Equipment Durable Medical			Not Required	Not Required		Not Required		Not Required	Required	Required	
DME	Equipment Durable Medical	E1230	-	Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1231		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1232		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1233		Required	Required	Required	Required	Required	Required	Required	Required	

					Commercial	Communication							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical	E1234			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	E1235			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1236			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1237			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1238			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1239			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1239				Not Required		Not Required					
	Equipment Durable Medical				Not Required		Not Required		Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1250			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1260			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1270			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1280			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1298			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	E1301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1800			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1801			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint	E1802			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	E1810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DMF	Bone and Joint	F1811			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1815			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	F1818			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	(Orthopedics) Bone and Joint												
DME	(Orthopedics) Bone and Joint	E1830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Durable Medical	E1840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1902			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	E1905			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology	() E2102			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology	/) E2103			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2228			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2230			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2293			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2294			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E2295			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2298			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2301			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2310			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	E2312			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2322			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E2325			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E2329			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2343			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E2351			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2358			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2359			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2359			Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	EZJbb			NOT Kequired	NOT REQUIRED	NOL KEQUIFED	NOT Kequired	required	NOT KEGIILEG	Keyuirea	кецигеа	

					Commercial								
					Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	E2368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2369			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2373			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2374			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2375			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2376			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2377			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2378			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2397			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Skin (Dermatology) Durable Medical	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	E2500			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Durable Medical	E2510			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2599			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Heart and Blood Vessel	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	(Cardiovascular) Durable Medical	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0807			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0808			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0813			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0814			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

				Communist								
is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO,	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO.	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
DME	Durable Medical Equipment	K0816		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0820		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0821		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical	K0822		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0823		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0824		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0825		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0826		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	K0827		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0828		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0829		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0830		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	K0831		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0835		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0836		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0837		Required	Required	Required	Required	Not Required	Required	Required	Required	
	Equipment Durable Medical											
DME	Equipment Durable Medical	K0838		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0839		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0840		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0841		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0842		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0843		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0848		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0849		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0850		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	K0851		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0852		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0853		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	K0854		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0855		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0856		Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical	K0857		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0858		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0859		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0860		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0861		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0862		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0862		Required Required	Required	Not Required	Not Required	Required Required	Required	Required	Required	
	Equipment Durable Medical	K0863 K0864										
DME	Equipment Durable Medical			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0868		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0869		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0870		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0871		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0877		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0878		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0879		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0880		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0884		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0885		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0886		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical	K0890		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0891		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
				Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	K1035										
	Durable Medical Equipment Durable Medical Equipment Durable Medical	K1035		Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

				Commercial	Commercial							
Is the code BH, DME,		Procedure R	evenue -	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
	Bone and Joint			EPO, POS & HNY EPO)	EPO & POS)							
DME	(Orthopedics) Bone and Joint	L0112		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L0456		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Equipment Bone and Joint	L0457		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0470		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)	L0480		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics) Durable Medical	L0482		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Equipment	L0484		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0486		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics)	L0488		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0490		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0491		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0492		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0631		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0632		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0635		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0636		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0637		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0638		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0640		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Durable Medical Equipment	L0648		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0651		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0700		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0710		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint	L0720		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L0830		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L0859		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Durable Medical	L0999		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L1005		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DMF	(Orthopedics) Bone and Joint	11007		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L1200		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1300		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	11681		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	11686		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Orthopedics) Bone and Joint			· ·			· ·					
DME	(Orthopedics) Bone and Joint	L1700		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1720		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1730		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L1755		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L1832		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L1833		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L1840		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment	L1843		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1844		Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	L1845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1846		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1860		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
DME	Bone and Joint (Orthopedics)	L1933		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1945		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1950		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1951		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1952		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L1970		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2005		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2020		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
UME	(Orthopedics)	L2U2U		NOT Required	not required	not required	not required	Nequireu	not required	required	Required	

				Commercial	Commercial							
Is the code BH, DME,		Procedure Rev	venue	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code C	ode Rate C	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
	Bone and Joint			EPO, POS & HNY EPO)	EPO & POS)							
DME	(Orthopedics) Bone and Joint	L2030		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L2034		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2036		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2037		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L2126		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2128		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2134		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2136		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	(Orthopedics)	L2250		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2280		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2350		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2520		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2525		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2526		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2570		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)	L2627		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2628		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2861		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L3230		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3671		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L3674		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3720		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Durable Medical Equipment	L3730		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3740		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3764		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3765		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3766		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3901		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3904		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3905		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3961		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3962		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3967		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3971		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3973		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3975		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3976		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3977		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L3978		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L4631		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5010		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5020		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5050		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5060		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5100		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5105		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5150		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5160		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5200		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5210		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5220		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5230		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5250		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5270		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
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					Commercial	Commorcial							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	L5280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5301			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5312			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5400			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5410			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical										-		
DME	Equipment Durable Medical	L5420			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5430			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5450			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5505			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5510			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5520			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5530			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5535			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5540			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5560			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5585			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5590			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DMF	Equipment Durable Medical	15595			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15600			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15610			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5611			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5613			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required		
	Equipment Durable Medical	15614										Required	
DME	Equipment Durable Medical	2000			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5615			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5638			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	L5639			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5640			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5642			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5643			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5644			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5645			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5646			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5649			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unliste	d L5657			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Durable Medical	L5661			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5665			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15671			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical											,	
DME	Equipment Durable Medical	L5673			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5677			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5679			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	L5681			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5682			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5683			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	(Commercial Products, but	(Commercial Products but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	managed medicaid	Program	
DME	Durable Medical	L5700		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5701		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5702		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5703		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5704		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5705		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5706		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5707		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5711		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5712		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5714		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5716		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5722		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5724		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5726		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5728		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5781		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5782		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5783		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5785		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5795		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5810		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5811		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5812		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5814		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5816		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5818		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5822		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5824		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlister	L5826		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Codes Durable Medical	L5827		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5828		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5830		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5840		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME DME	Equipment Durable Medical	L5845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5856 L5857		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	L5857		Required Required	Required Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L5858 L5859		Required Required	Required Required	Required	Required	Not Required	Required Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5920		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5930		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5950		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5961		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5962		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5964		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5966		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5968		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5969		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5973		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5975		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5976		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5979		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5980		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment	1	l	1			1	l	· · · · · · · · · · · · · · · · · · ·	1	1	

					Commercial								
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
DME	Durable Medical	L5981			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5982			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5984			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5984			Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical				· · · · · · · · · · · · · · · · · · ·					· ·		· ·	
DME	Equipment Durable Medical	L5987			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5988			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5990			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5991			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6026			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L6034			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted	L6035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6038			Required	Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Codes Durable Medical	L6039			Required Not Required	Required Not Required		Not Required Not Required		Not Required Not Required			
	Equipment Durable Medical						Not Required		Required		Required	Required	
DME	Equipment Durable Medical	L6055			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6110			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6130			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6205			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L6300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6320			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6350			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6360			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical											+	
DME	Equipment Durable Medical	L6380			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6382			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6384			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6386			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6388			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6400			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6450	<u> </u>		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6550			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Foundment	L6570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L6580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6582			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6584			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6586			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6588			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required	Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	L6590			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6621			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6623			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6624			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6625			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial	Communication							
					Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						rogium	
DME	Durable Medical	L6646			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6686			Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical				· · · · · · · · · · · · · · · · · · ·					· ·			
DME	Equipment Durable Medical	L6687			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6688			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	L6689			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6690			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6692			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6693			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6694			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6695			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6696			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6697			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Miscellaneous & Unliste	d L6700			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Durable Medical	L6703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6706			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not kequired Required	Not Required Required	
	Equipment Durable Medical	L6706 L6707											
DME	Equipment Durable Medical	-			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6714			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6721			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L6722			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	16880			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L6881			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L6882			Required	Required	Required	Required	Required	Required	Not Required	Required	
DME	Equipment Durable Medical	L6883			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	L6884			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6885			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6895			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6905			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6910			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6915			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6920			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6925			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6930			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	L6935			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6940			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6950			Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6950			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required	Required	
	Equipment Durable Medical	-											
DME	Equipment Durable Medical	L6960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6965			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6970			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7009			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	LUMDITICI II												

The Code of Co					Commercial Fully Insured	Commercial							
March Marc	Is the code BH, DME,	Category	Procedure	Revenue Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
	evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Realth Plus	Essential Plan	managed medicaid	Program	
	DME	Durable Medical	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	Equipment	L7170		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	Equipment	L7180		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
March Marc		Equipment			,								
March Marc		Equipment			,								
Proc. Cont. Cont		Equipment Durable Medical											
		Durable Medical											
March Marc	DME	Durable Medical	L7404		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	Durable Medical	L7405		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
March Marc	DME	Miscellaneous & Unlisted	L7406		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Marc	DME	Equipment	L7499		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Part		Equipment			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
		Equipment			· · · · · · · · · · · · · · · · · · ·						The state of the s		
Part		System(Genitourinary)											
Processor Suppose	DME	LIECUIE DYSIUTICION	L/9U2		NOL Required	Not kequired	Keyureu	Required	INUL REQUIRED	Not Required	Required	Required	PA is Required for All diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1.,C50.011, C50.012, C50.019,
Post	DME	and/or Cosmetic Services	L8600		Required (By Diagnosis - see last column)	(By Diagnosis - see last	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)		(By Diagnosis - see last	(CS0.111, CS0.112, CS0.119, CS0.211, CS0.212, CS0.219, CS0.311, CS0.312, CS0.319, CS0.411, CS0.412, CS0.419, CS0.511, CS0.512, CS
Tree	DME	Throat (Otorhinolaryngology)	L8615		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Part Part Mark Special No Regard	DME	Throat (Otorhinolaryngology)	L8619		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Perf Proceed Perf	DME	Throat (Otorhinolaryngology)	L8627		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
		Throat (Otorhinolaryngology)								· ·		·	
Octoon		(Orthopedics)			1								
PRI		(Orthopedics)											
SME Debter Debt		(Orthopedics) Bone and Joint						i i					
Dell									1				
DME					1								
Delice Color-Colory S107 Regard Rega	DME	Diabetes (Endocrinology)	S1035					Not Required					
ONE Chlore Insells (Frederick) 5154 Regard Regard Regard Rega	DME	Diabetes (Endocrinology)	S1036		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DRE DEVER MICES S1500 Recyment Required Not Required No	DME		S1037		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME Durbs Model DME Model	DME	(Pediatric)	S1040		Required	Required	Not Required	Required	Required	Not Required	Required	Not Required	
Dell Food Phatford 19923 Not Required Not Req		Equipment											
DME Dusible Modical February 1922 Required Required Not R		Equipment											
DME Durable Medical Fagures		Durable Medical											
DIE Durabh Medical 1 14523 Required Required Mot Required Not Required	DME	Durable Medical	T4522		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME Durable Medical Equipment 14525 Required Required Not	DME	Durable Medical	T4523		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME Durable Medical Equipment 174525 Required Required Not Required No	DME	Durable Medical Equipment	T4524		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME Durabh Medical 14527 Required Required Not Required N		Durable Medical			Required	Required		Not Required	Required		Not Required		
Diffe Equipment 1927 Not required Not Requir		Equipment											
DME Durable Medical Equipment		Equipment											
DME Durable Medical Equired Required Not Req		Equipment Durable Medical											
DME Durable Medical Equirment DME Durable Medical Features Required Required Not Requi		Equipment Durable Medical											
DME Durable Medical T4532 Required Required Not Required		Equipment Durable Medical											
DME Dushle Medical T4533 Required Required Not Required N		Durable Medical			-,								
Equired Durable Medical Equipment T4534 Required Required Not Required		Durable Medical								-			
DME Durable Medical T4535 Required Required Not Required Required Required Required Not Required	DME	Durable Medical	T4534		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Une Equipment 1936 Required Required Not req	DME	Durable Medical	T4535		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Durable Medical Warning Durable Medical Warning Durable Management	DME	Durable Medical	T4536		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	DME	Durable Medical	T4537		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Rate	Code (Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Predicare	1111000111	Child Health Plus	Essential Plan	Managed Medicaid	Program	sugnoss requirements (ii apprente)
DME	Durable Medical	T4538		HNY EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4540		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4541		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4542		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4543		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	T5001		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5014		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5030		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	V5040		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	V5050		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5060		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5070		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5080		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5120		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	V5130		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	V5140		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	V5150		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5190		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5230		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5246		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME DME	Equipment Durable Medical	V5247		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5252		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5253 V5256		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	V5256 V5257		Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Required	Required	Required	Required	
DME	Equipment Durable Medical	V5257 V5260		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	V5261		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
EviCore	Equipment Bone and Joint	0213T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	0213T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	0215T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	0216T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	0217T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0218T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Radiology (Imaging) Services	0331T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0332T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	0395T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	0408T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel			.,	.,	.,	.,		.,	.,	.,	
(Cardiac Impl. Devices)	(Cardiovascular)	0409T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0515T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	0516T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular)	03101		vedanea mionihi Excose	required airough Evicore	required amough evicure	required airough Evicore	naquirea airougri Evicure	vedanea anondu Ewcole	vedanea anondu Ewcole	required dirough EVICORE	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0517T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	0519T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel			· · ·		-				-		
(Cardiac Impl. Devices)	(Cardiovascular)	0520T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EvlCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0571T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EvlCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	0609T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0610T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging) Services	0611T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging) Services	0612T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	0614T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Radiology (Imaging)								, ,	, ,		
(Radiology) EviCore	Services Radiology (Imaging)	0633T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	0634T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore (Radiology)	Radiology (Imaging) Services	0635T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0636T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padiology)	Radiology (Imaging) Services	0637T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	0638T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0648T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0649T		Required through EviCore							Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore		
(Radiology) EviCore	Services Radiology (Imaging)	0697T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	0710T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	0711T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0712T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Experimental and Investigational Procedures/ Services	0713T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Experimental and Investigational Procedures/ Services Bone and Joint	0747T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(MSK) EviCore	(Orthopedics) Bone and Joint	0784T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	0785T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0795T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0796T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel	0797T 0801T		Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0802T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	0803T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0823T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0825T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0865T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0915T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	0916T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular)	0933T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Bone and Joint (Orthopedics)	23000		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	23020		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	23460		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	27280		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29876		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29879		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29882		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	Bone and Joint	29883		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29884		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29885		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29885		Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore		Not Required Not Required				
(MSK) EviCore	(Orthopedics) Bone and Joint						Required through EviCore					
(MSK) EviCore	(Orthopedics) Bone and Joint	29887		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29889		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	29914		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK) EviCore	Bone and Joint (Orthopedics) Heart and Blood Vessel	29915 33206		Required through EviCore Required through EviCore	Not Required Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	33207		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33208		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33212		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

				Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33213		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33214		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33221		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33224		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33225		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33227		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33228		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33229		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33230		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33231		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33240		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33249		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33262		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33263		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33264		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33274		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33289		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Bone and Joint (Orthopedics)	62324		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62325		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62326		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62327		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	#N/A	62330		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	#N/A	62331		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	Bone and Joint	62367		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	62368		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	64479		Required through EviCore		.,						
(MSK) EviCore	(Orthopedics) Bone and Joint			.,	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	64483		Required through EvlCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	64490		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64493		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64510		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64520		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64633		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	Bone and Joint	64635		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Radiology (Imaging)	70336		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70450		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)										-	
(Radiology)	Services	70460		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70470		Required through EvlCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70480		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	70481		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	Services Radiology (Imaging)	70482		Required through EvlCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services											
(Radiology) EviCore (Radiology) EviCore	Radiology (Imaging)	70486		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore (Radiology)	Radiology (Imaging) Services Radiology (Imaging)											
EviCore (Radiology) EviCore (Radiology) EviCore (Radiology)	Services Radiology (Imaging) Services	70487		Required through EvlCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore (Radiology) EviCore (Radiology) EviCore (Radiology)	Services Radiology (Imaging) Services Radiology (Imaging) Services	70487 70488		Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
EviCore (Radiology) EviCore (Radiology) EviCore (Radiology)	Services Radiology (Imaging) Services Radiology (Imaging)			,			,		.,	.,		

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY FPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore (Radiology)	Radiology (Imaging) Services	70492		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70496		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	70498		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	70540		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70542		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70543		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging)	70544		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70545		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging) Services	70546		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70547		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	70548		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70549		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging) Services	70551		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging)	70552		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Services Radiology (Imaging)	70553		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	70554		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	70555		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	71250		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	71260		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	71270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging)	71275		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	71550		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	71551		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging)	71552		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging)	71555		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	72125		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	72126		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging) Services	72127		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	72128		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72129		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72130		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72131		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72132		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72133		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72141		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72142		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72146		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72147		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72148		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72149		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72156		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72157		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72158		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72159		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72191		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72192		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72193		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72194		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72195		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72196		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72197		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72198		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging) Services	73200		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Padiology)			+				1					
(Radiology) EviCore (Radiology)	Radiology (Imaging)	73201		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

				Commercial								
				Fully Insured	Commercial Self Funded						Cofety Not	
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EviCore (Radiology)	Radiology (Imaging) Services	73206		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73218		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	73219		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	73220		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	73221		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73222		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73223		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73225		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73700									.,	
(Radiology) EviCore	Services Radiology (Imaging)			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	73701		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	73702		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	73706		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73718		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73719		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73720		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73721		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73722		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73723		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73725		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	74150		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	74160		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	74170		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74174		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74175		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74176		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74175		Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)			.,	.,	.,	.,		.,	.,	.,	
(Radiology) EviCore	Services Radiology (Imaging)	74178		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74181		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	74182		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74183		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	74185		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74261		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74262		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	(Gastroenterology)	74263		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75557		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75559		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75561		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75563		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75565		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	75571		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75572		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75573		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75574		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75580		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75635	-	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)		-	,	,				.,		,	
(Radiology) EviCore	Services Radiology (Imaging)	76380		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	76390		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	76391		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	77021		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Cancer Treatment (Oncology)	77022		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	77084		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77371		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77372		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	Radiation Therapy	77373		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	,,,,,										

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore (Radiation Therany)	Radiation Therapy	77412		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	77423		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77424		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77425		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	#N/A	77437		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	#N/A	77438		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	#N/A	77439		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77520		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77522		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77523		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77525		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77761		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77762		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77763		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77767		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77768		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77770		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77771		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77772		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77778		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77789		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78429		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78430		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78431		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78432		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78433		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78451		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78452		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78453		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78454		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78459		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78466		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78468		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78469		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78481		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78491		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78492		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78608		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78609		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78660		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78803		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78811		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78812		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78813		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78814		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78815		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78816		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78830		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiation Therapy	79005		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	79101		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95990		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95991		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiation Therapy)	Radiation Therapy	A9513		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Cancer Treatment	A9606		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	(Oncology) Cancer Treatment											

EViCore (Radioto 1 Heapy) EViCore (Radiotory) EViCore Boro (Radiotory) EViCore Boro (Radiotory) EViCore Boro (Radiotory) EViCore Boro (Radiotory)	liology (Imaging) Services	ocedure Revenue Code Code Rate	not limited to: HMO, PPO,	Commercial Self Funded							
EviCore	liology (Imaging) Services	ocedure Revenue Code Rate	not limited to: HMO, PPO,	(Commencial Books and hotel							
(Radation Therapy) EVCore (Radiology) EVCore (Radiology) EVCore (Radiology) (Or EVCore (Radiology) EVCore Bon (Radiology) EVCore	Services		EPO, POS &	not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
EViCore Radiology) EViCore Bon (Radiology) (Ot EViCore Bon		A9609	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
Ev/Core	diation Therapy	C2616	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Bon (Radiology) (Or EviCore Bon (Radiology) (Or EviCore Bon EviCore Bon (Or EviCore Bon (Or EviCore Bon (Or ()))))))))))))))))))))))))))))))))))	Bone and Joint (Orthopedics)	C7504	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore Borr (Radiology) (Or EviCore Borr		C7505	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore Bon	Orthopedics) Bone and Joint	C7507	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
	Orthopedics) Sone and Joint	C7508	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
	(Ortriopedics)									·	
(Cardiac Impl. Devices) (Car	Cardiovascular)	C7537	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) (Car	Cardiovascular)	C7538	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) (Car	Cardiovascular)	C7539	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	t and Blood Vessel Cardiovascular)	C7540	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	liology (Imaging) Services	C8900	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol (Radiology)		C8901	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol		C8902	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol	liology (Imaging)	C8909	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol	Services liology (Imaging)	C8910	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol	Services liology (Imaging)	C8911	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	Services liology (Imaging)	C8912	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol	Services liology (Imaging)	C8913	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EVICore Kadioi	Services liology (Imaging)	C8914	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore Radiol	Services	C8918		.,			.,		.,	.,	
	Services linlagy (Imagina)		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8919	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8920	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8931	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8932	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8933	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8934	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8935	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8936	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C9791	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	liology (Imaging) Services	G0219	Required through EviCore	Required through EviCore	Not Required	Not Required	Required through EviCore	Required through eviCore	Not Required	Not Required	
	liology (Imaging) Services	G0235	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radiol		G0252	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Bon		G0260	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
P. (Care		G0339	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	diation Therapy	G0340	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Parlia		G0458	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore EviCore		G0563	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore		G6001	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
E 10		G6001 G6002	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	
EviCore Device		G6002 G6003	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) Radia EviCore	,	G6003 G6004	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore					
(Radiation Therapy)	,		,			,		,			
(Radiation Therapy) Kadia		G6005	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)		G6006	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) Radia		G6007	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) Kadia	diation Therapy	G6008	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	diation Therapy	G6009	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	diation Therapy	G6010	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	diation Therapy	G6011	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) Radia	diation Therapy	G6012	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore Radia (Radiation Therapy)	diation Therapy	G6013	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	diation Therapy	G6014	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therany) Radia					Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Theraby)	diation Therapy	G6015	Required through EviCore	Required through EviCore	Required dirough Evicore	Required unlought Evicore	Required through Evicore	Required through Evicore	Required through Evictore	Required dirought Evicore	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or Medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
EviCore	Radiation Therapy	G6017			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Radiation Therapy	\$2095			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiology (Imaging)	S8042			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging) Services	58085			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore/Medical	Bone and Joint	0095T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0098T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0164T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	0165T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical	(Orthopedics) Bone and Joint	0200T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	0201T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	0219T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	0274T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0627T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0628T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0629T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0630T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	20930			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	20931			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22207			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22208			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22210			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22214			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	22216			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22220			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22224			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	22226			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22510			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22511			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22512			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22513			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22514			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22515			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics) Bone and Joint	22526			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22527			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	(Orthopedics)	22533			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	22534			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22551			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22552			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22554 22558			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint				Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22585			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22586 22595			Required through EviCore Required through EviCore	Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22595			Required through EviCore Required through EviCore	Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22612			Required through EviCore	Required	Required through EviCore	Required through EviCore Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	22612			Required through EviCore	Required	Required through EviCore	Required through EviCore Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22630			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22630			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22632			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	22634			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22841			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22842			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22843			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	22845			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	220.5			Horridge	Not required	not required	not required	Not require	ricquircu	ricqui cu	ricquired	

					Commercial	Commorcial							
					Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22846			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22847			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	22853			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	22854			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22856			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	22857			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22858			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22859			Required through EviCore	Not Required					Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22860				·	Required through EviCore	Required through EviCore	Not Required	Not Required		· ·	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint				Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	22861			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	22862			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	(Orthopedics)	22867			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	22868			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	Bone and Joint (Orthopedics)	22869			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22870			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23120			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23130			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23410			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23412			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23415			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23420			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23430			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23440			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23450			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23455			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23462			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23465			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23466			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint	23470			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	23472			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	23473			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	23474			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	23700			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27096			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27125			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27130			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27130			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27132			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore	Required through EviCore	Not Required Not Required	Required	Required Required	Required Required	
EviCore/Medical	(Orthopedics) Bone and Joint	27134			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Required Not Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint												
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27138 27278			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint				Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27279			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27332			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27333			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27334			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)	27335			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Orthopedics)	27403			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27405			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27412			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	27415			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	Bone and Joint (Orthopedics)	27416			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27418			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27420			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27422			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(PISK)	(O) (i) (O) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i					1		1		1	1	1	1

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Managed Medicald	Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore/Medical	Bone and Joint				EPO, POS & HNY EPO)	EPO & POS)							
(MSK)	(Orthopedics) Bone and Joint	27424			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27425			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27427			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics) Bone and Joint	27428			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27429			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27430			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27438			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	27440 27441			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27442			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27442			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27446			Required through EviCore	Not Required Required	Required through EviCore	Required through EviCore	Not Required	Not Required Not Required	Not Required Required	Not kequired Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27446			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27486			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27487			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	27570			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	29805			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	29806			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	29807			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29819			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29820			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29821			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29822			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29823			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29824			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29825			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29826			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29827			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29828			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29860			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29861			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29862			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29863			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29866			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29867			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Experimental and Investigational Procedures/ Services	29868			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	29870			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	29871			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29873			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29874			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29875			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29877			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29880			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29881			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29888			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62263			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62264			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62280			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62281			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62282			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics) Bone and Joint	62287			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics)	62292			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62320			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62321			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62322			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	

					Commercial	Commorcial							
Is the code BH, DME,		Brocoduro	Royonyo		Fully Insured	Self Funded			Cafety Net	Cofety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO.	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62323			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62350			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62351			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	62360			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Nervous System	62361			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Neurology) Bone and Joint	62362			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics)	62380			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	63001			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	63005			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63012			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63015			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	63017			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63030			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63035			Not Required Required through EviCore	Not Required Not Required	Not Required Required through EviCore	Not Required Required through EviCore	Not Required Not Required	Required Not Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63040			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Not Required Required	Required Required	Required Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	63042			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Required Not Required	Required Required	Required Required	
EviCore/Medical	(Orthopedics) Bone and Joint	63043			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63045			Required through EviCore	Required Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63047			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63048			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63050			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63051			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	63052			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	63053			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	63056			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63057			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63075			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63076			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	63081			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63082			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63087			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63088			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63090			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63091			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63102			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63103			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63650			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63655			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics) Bone and Joint	63663			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63664			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63685			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64451			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64624			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64625			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64628			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Nervous System	64629			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Neurology) Bone and Joint	64632 C9757			Required through EviCore	Not Required Required	Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	C9757 M0076			Required through EviCore Required through EviCore		Required through EviCore	.,					
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	M0076 S2118			Required through EviCore Required through EviCore	Not Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	S2118 S2348			Required through EviCore Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	52348			kequirea through EviCore	кеquired	kequirea through EviCore	kequirea through EviCore	Not kequired	Not Kequired	Not kequired	Not kequired	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but	Commercial Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
Inpatient Admissions (except routine Materniky to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	σΝΑ	Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.			Required	Required	Required	Required	Required	Required	Required	Required	
Acute Rehab/ SNF Admissions	#N/A	Acute Rehab/ SNF Admissions			Required	Required	Required through CareCentrix	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	0006M 0007M			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	0012M 0013M			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0015M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Transplants	0016M 0018M			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0020M 0001U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0005U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	0018U 0026U			Required Required	Required Required	Required Reauired	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0027U 0030U			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0034U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0035U 0036U			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0037U 0045U			Required Required	Required Required	Required Not Required	Required Not Required	Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0047U			Not Required	Not Required	Required	Required	Required Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0055U 0060U			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0070U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0071U 0072U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0073U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0074U 0075U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0076U 0080U			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0087U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	0088U 0089U			Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Cancer Treatment (Oncology)	0090U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0092U 0101U			Not Required Required	Not Required Required	Required Required	Required Required	Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0102U			Required	Required	Required	Required	Required Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Transplants	0103U 0118U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0129U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0130U 0133U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	0134U 0136U			Required Reauired	Required Required	Not Required Reauired	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0137U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	0138U 0153U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0154U 0157U			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina	0160U 0161U			Required	Required	Required	Required Required	Required Required	Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testina	0162U			Required Reaulred	Required Required	Required Required	Required	Required	Required Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0171U 0172U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0173U 0175U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0179U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0209U 0211U			Required Not Required	Required Not Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0213U 0214U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0215U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical Medical	Genetic Testing Genetic Testing	0218U 0220U			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
	Genetic Testing Laboratory	0228U 0229U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0230U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	0235U 0236U	+		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	0237U 0238U			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0239U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0242U 0243U			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0244U 0245U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0247U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0249U 0250U			Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0251U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0252U 0253U			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0254U 0258U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0260U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0261U 0262U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
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				Commercial	Commercial							
Is the code BH, DME,		Procedure	Pavanua	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Laboratory Genetic Testing	0263U 0264U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0265U 0266U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0267U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	0286U 0287U		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	0295U 0297U		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	0298U 0299U		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing Genetic Testing	0300U 0306U		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Laboratory	0307U		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0308U 0309U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0310U 0312U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0313U 0314U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0315U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0317U 0318U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0319U 0320U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0322U 0326U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0329U		Required	Required	Required Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0334U 0335U		Required Required	Required Required	Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0336U 0337U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0338U 0339U		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0340U 0341U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0343U		Required	Required	Not Required Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0344U 0345U		Not Required Required	Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0347U 0348U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0349U 0350U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0355U 0356U		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0358U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0359U 0360U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0362U 0363U		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0364U 0368U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0371U 0372U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical Medical	Genetic Testing Laboratory	0375U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testina	0376U 0378U		Required Required	Required Reauired	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0379U 0381U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0382U 0383U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0383U 0384U 0385U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0387U 0388U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0389U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0390U 0391U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0392U 0393U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0394U 0395U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0398U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0399U 0400U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0401U 0403U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0404U 0405U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0406U 0407U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0409U 0410U		Required Required	Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required	
Medical	Genetic Testing	0411U 0412U		Required	Required Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0413U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0414U 0417U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0418U 0419U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing Genetic Testing	0421U 0422U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0423U		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0424U 0425U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0426U 0433U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0434U 0435U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0436U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0437U 0438U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0439U 0440U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0443U 0444U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0445U 0446U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0447U		Required	Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	

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Is the code BH, DME,	Category	Procedure	Revenue	Fully Ins	ured Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	not limited to:	HMO, PPO, not limited to: HMO	cts, but 0, PPO,	HMU D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (if applicable)
		0.44011		HNY EI	EPO & POS)							
Medical Medical	Genetic Testino Laboratory	0449U 0452U		Reauir Requir	ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0453U 0454U		Requir Requir	ed Required ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0459U 0460U		Requir Requir	ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0461U		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0462U 0463U		Requir Requir	ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0464U		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0465U 0466U		Requir Requir		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0467U 0468U		Requir Requir	ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0469U		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical Medical	Genetic Testing Genetic Testing	0470U 0471U		Requir Requir	ed Required ed Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0472U 0473U		Requir Requir	ed Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0474U		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0475U 0476U		Requir Requir	ed Required ed Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	0477U 0478U		Requir Reauir		Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0479U		Not Regi	ired Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	0481U 0485U		Requir Requir	ed Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0486U 0487U		Requir Requir	ed Required ed Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0489U		Requir	ed Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0490U 0491U		Requir Reauir	ed Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0493U 0494U		Requir Requir	ed Required ed Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0495U		Requir	ed Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0496U 0497U		Requir Requir	ed Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0498U 0499U		Requir Requir	ed Required ed Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testing	0501U		Requir	ed Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0503U		Requir	ed Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0514U		Not Requ		Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0515U 0516U		Not Rea Requir	ed Required	Not Required	Not Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0517U 0518U		Requir Requir		Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	0519U		Requir	ed Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0520U 0523U		Requir Reauir	ed Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0530U 0532U		Requir Requir		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testing	0533U		Requir	ed Required	Required	Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0534U 0536U		Requir Requir	ed Required	Required Required	Required Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0537U 0538U		Requir Requir	ed Required ed Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0539U 0540U		Requir Requir	ed Required ed Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0542U		Requir	ed Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical Medical	Genetic Testing Laboratory	0543U 0549U		Requir Requir	ed Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0552U 0553U		Requir Requir	ed Required ed Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0554U		Requir	ed Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Digestive System	0555U 0558U		Requir Requir		Required Required	Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	(Gastroenterology) Laboratory	0562U		Requir		Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0567U 0568U		Requir Requir	ed Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0569U		Requir	ed Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0571U 0572U		Requir Requir	ed Required ed Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0573U		Requir	ed Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0575U 0576U		Requir Requir	ed Required ed Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Cancer Treatment (Oncology)	0578U		Requir	ed Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	0582U 0583U		Reauir Requir		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Laboratory	0585U		Requir	ed Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	0586U 0591U		Requir Requir		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Laboratory Genetic Testing	0592U 0596U		Requir Requir	ed Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	0597U		Requir	ed Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Laboratory Genetic Testing	0599U 0605U		Requir Requir	ed Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Laboratory	0609U 0613U		Requir Requir	ed Required ed Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
	Experimental and Investigational											
Medical	Procedures/ Services	0071T		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0072T		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
riedical	Procedures/ Services	00/21		Kequir	Required	Not Required	not Required	Not Required	No. Required	Not Required	not required	
Medical	Heart and Blood Vessel (Cardiovascular)	0075T		Requir	ed Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0076T		Requir	ed Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint	0102T		Requir	ed Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	(Orthopedics) Experimental and											
Medical	Investigational Procedures/ Services	0174T		Not Requ	ired Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Radiology (Imaging)	0175T		Not Reg	ired Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
- icultai	Services	52/31		NOT REGI	not required	Required		- Nequired	nos vedanen	Not Nequilled	not required	1

					Commercial								
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Frogram	
Medical	Bone and Joint (Orthopedics)	0220T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint	0221T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Skin (Dermatology)	0232T			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0278T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Nervous System	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Experimental and												
Medical	Investigational Procedures/ Services	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Blood Disorder	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Hematology) Heart and Blood Vessel	03421 0345T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
medical	(Cardiovascular) Experimental and					·					Not Required	Not Required	
Medical	Investigational Procedures/ Services	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Procedures/ Services Experimental and												
Medical	Experimental and Investigational Procedures/ Services	0397T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0441T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0442T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services		-										
Medical	Diabetes (Endocrinology	0446T	1		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology	0447T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Diabetes (Endocrinology) Eyes (Ophthalmology)	0448T 0449T			Required	Required	Not Required	Not Required	Required	Required Not Required	Not Required	Not Required Not Required	
Medical	Eves (Oohthalmoloov)				Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required			
	and/or Cosmetic Services Heart and Blood Vessel							Not Kequired			Not Required	Not Required	
Medical	(Cardiovascular)	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0525T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0569T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	0584T 0585T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants Neuromuscular	0586T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Stimulation and Electrica Shock Units	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and				<u> </u>			·					
Medical	Investigational Procedures/ Services	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Heart and Blood Vessel	06000				,							
Medical Medical	(Cardiovascular) Heart and Blood Vessel	0607T 0608T	1		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and	U608T	-		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0620T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and		-		* *			·					
Medical	Investigational Procedures/ Services	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and		1			-4.		·					
Medical	Investigational Procedures/ Services	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Digestive System									·		·	
Medical	(Gastroenterology) Experimental and	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
medical	Investigational Procedures/ Services	U0531			kequired	Keydired	Not kequired	NOL REQUIRED	INUL KEQUIFED	NUL KEQUIFED	Not kequired	NOT KEGUILED	

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the code BH, DME, viCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Urinary	0655T			HNY EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Experimental and Investigational	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and				·	·		· ·				·	
Medical	Investigational Procedures/ Services	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Experimental and Investigational	0671T 0672T			Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and					114,4114						***************************************	
Medical	Investigational Procedures/ Services	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and				·	·		· ·					
Medical	Investigational Procedures/ Services Heart and Blood Vessel	0693T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel Heart and Blood Vessel	0695T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Alternative Medicine Cancer Treatment	0720T 0738T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Oncology) Cancer Treatment	0739T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Oncology) Experimental and	0740T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0741T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0743T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0744T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0745T				·		Required					
Medical	Procedures/ Services Experimental and Investigational	0746T			Required	Required	Required	Description	Required	Required	Not Required	Not Required	
	Procedures/ Services Digestive System	0748T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Experimental and	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0750T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	U/3UI			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0751T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0752T 0753T			Not kequired	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0754T 0755T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0756T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0757T 0758T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0759T 0760T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0761T			Not Required				Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0762T 0763T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
	Experimental and	0763T 0765T			not required	not required	not required	not kequired	required	required	ivor required	not required	
Medical	Investigational Procedures/ Services	0766T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0767T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0770T				·	-						
Medical	Procedures/ Services Alternative Medicine	0771T			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
	Experimental and	0772T						1					
Medical	Investigational Procedures/ Services Experimental and	0773T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0774T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	U/74T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	. roceoures/ services				recipile Cu	ricqui 33	nos reguli da	not vedanca	rocquireu	resquited	mos recipio da	not required	·

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eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY FPO)	not limited to: HMO, PPO, EPO & POS)							
Medical	Experimental and Investigational	0776T											
Medical	Procedures/ Services	0777T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0///1											
Medical	Procedures/ Services Bone and Joint	0778T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
medical	(Orthopedics) Experimental and	0779T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Digestive System	0780T			Required	Required	Not Required	Not Required	Required	Required			
Medical	(Gastroenterology) Alternative Medicine	0783T			Required	Required	Required Required	Required	Required	Required	Not Required Not Required	Not Required Not Required	
Medical	Nervous System (Neurology)	0786T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0788T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0789T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0790T											
Piedical	Procedures/ Services Heart and Blood Vessel	0793T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0794T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0804T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0805T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0806T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Lungs (Respiratory)	0807T 0808T			Required Required	Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Lungs (Respiratory) Experimental and	0808T 0810T			Kequired	Required	Not Required	Not Kequired	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0811T											
	Procedures/ Services Experimental and	0812T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0813T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging)	0815T			•	·	•						
Medical	Services Nervous System	0816T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	0817T			Required	Required	Required	Required	Required	Required	Required	Required	
	(Neurology) Behavioral Health	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology) Behavioral Health	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psvchology)	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0827T 0828T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0830T 0831T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0832T 0833T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0834T 0835T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0836T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0837T 0839T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0840T 0841T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0842T 0843T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0844T 0845T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0846T 0847T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0848T			Required Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0849T 0850T			Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0851T 0852T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0853T 0854T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory Laboratory	0855T 0856T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Experimental and Investigational	0858T											
riedical	Procedures/ Services	0860T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	udbUI											
	Procedures/ Services Experimental and	0864T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0868T											
co.co	Procedures/ Services Experimental and	0869T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational	08691			Page 1	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0870T			Required	кецигеа	NOL Keduirea	NOL Kequired	Not kequired	NOL Kequired	ivor kequirea	NOT KEGUILEG	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0871T			<u></u>								
	Procedures/ Services	1	1		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	(Commercial Products but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	nute code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	reducire	iiilo b siti	Child Health Plus	Essential Plan	Managed Medicaid	Program	oughous requirements (it approace)
	Experimental and	0872T			HNY EPO)	EPO & POS)							
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0873T											
	Procedures/ Services Experimental and	0874T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0875T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	08/51			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	0884T											
	Procedures/ Services Experimental and	0885T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0886T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	08861			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0888T			•	·							
Medical	Procedures/ Services Heart and Blood Vessel	0897T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Cardiovascular) Cancer Treatment	0898T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) Nervous System	0908T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System (Neurology)	0911T			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	(Neurology) Nervous System (Neurology)	0912T			Required	Required	Required	Required	Required	Required	Required Required	Required	
Medical	Urinary System(Genitourinary)	0941T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0942T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0943T			Required	Required	Required	Required	Required	Required Not Required	Required	Required Not Required	
Medical Medical	#N/A Digestive System	0963T 0977T			Required	Required	Not Required	Not Required	Not Required		Not Required		
Medical	(Gastroenterology) Nervous System	0988T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Urinary System(Genitourinary)	0999T			Not Required Required	Not Required Required	Required Required	Required 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	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,							PA is <u>Required</u> for all diagnosis codes <u>EXCEPT</u> : C56.1, C56.2, C79.61, C79.62, C48.1.,C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419,
Medical	Reconstructive Surgery and/or Cosmetic Service	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)	C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.412, C50.419, C50.511, C50.512, C50.512, C50.519, C50.512, C50.519, C50.512, C50.519, C50.512, C50.519, C50
	anayor cosmerc service								(by blughous see use column)	(by bugitous see use column)	(by biogroup see as country)	column)	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	11950			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
medical	and/or Cosmetic Service	s 11930			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Service	s 11951			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Service	11952			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	Reconstructive Surgery												
Medical	and/or Cosmetic Service	s 11954			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
												Required	PA is Required for all diagnosis codes EXCEPT: C56.1, C56.2, C79.61, C79.62, C48.1.,C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419,
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)	(By Diagnosis - see last column)	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, C79.63, C79.61, 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, D24.9, D49.3, 215.01, 215.02, 240.01, 240.02, 240.03, 242.1, 280.3, 285.3, 290.10, 290.11, 290.12, 290.14, CS0A0, CS0A1, CS0A2, Z1505
													PA is Required for all diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1.,C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419,
Medical	Reconstructive Surgery and/or Cosmetic Service	s 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)	C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, 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,
	. ,,								,	, , , , , , , , , , , , , , , , , , , ,	,	column)	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	13102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	and/or Cosmetic Service	s						,					
Medical	Reconstructive Surgery and/or Cosmetic Service	s 13120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Service	13121		I	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Reconstructive Surgery	13122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Page deside	Board-rd	
Medical	and/or Cosmetic Service	s 13122			INOL REQUIRED	NOL REQUIRED	NOL REQUIRED	NOL Kequired	INUL KEQUIRED	INUL REQUIRED	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Service	s 13131			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	13132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Reconstructive Surgery				*		*		-			*	
Medical	and/or Cosmetic Service	s 13133			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME,		Procedure	Revenue		Commercial Fully Insured	Commercial Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Managed Medicaid	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 Resulted for all disposes notes EXCEPT. CS-1, CS-2, C79-61, C79-62, C48.1,C50.011,,C50.102,C50.113, C50.111,C50.112,C50.119,C50.211,C50.212,C50.219,C50.2122,C50.212,C50.212,C50
Medical	Reconstructive Surgery and/or Cosmetic Services	14001			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Pa is Required for all diagnosis codes EXCEPT. CS.1. CS.2. (79.61, C79.62, C48.1.CS0.011, C50.012, C50.019, C50.111, C50.112, C50
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 Required for all diagnosis codes EXCEPT. CS.1. CS.2. (27.8.1. C79.8.2. C48.1
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 Resulted for all disprosis codes EXCEPT. C8.1, C8.2, C78.61, C79.82, C88.1,C50.111, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50
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 Resulted for all diagnosis codes EXCEPT. CS.1. (CS.2, CPS.6), CPS.6, CPS.6, CRS.1., CS0.011, CS0.102, CS0.019, CS0.11, CS0.112, CS0.
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 <u>Rescuited</u> for all diagnosis codes <u>EXCEPT</u> : CS-1, CS-2, C79-61, C79-62, C48.1,C50.011, C50.102, C50.019, C50.11, C50.112,
Medical	Reconstructive Surgery and/or Cosmetic Services	15769			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA: 8 Beautina for All Disprois Code EXCEPT. CS0.011, CS0.012, CS0.019, CS0.011, CS0.112, CS0.119, CS0.111, CS0.112, CS0				
Medical	Reconstructive Surgery and/or Cosmetic Services	15770			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Pa is Resulted for all diagnosis codes EXCEPT. CS.1. (CS.2, CPS.6), CPS.6, CPS.6, CRS.1., CS0.011, CS0.102, CS0.019, CS0.11, CS0.112, CS0.
Medical	Reconstructive Surgery and/or Cosmetic Services	15771			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Pa is <u>Recuired</u> for all diagnosis codes <u>EXCEPT</u> . CS.1, CS.2, CP.6.1, CP.9.2, C.68.1, C.50.11, C.50.12, C.50.11, CS.11,				
Medical	Reconstructive Surgery and/or Cosmetic Services	15772			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph & Resoluted for all disposition close DECEPT: CS.1, CS.2, CP.6.1, CP.6.2, CP.6.1, CS.0.11,				
Medical	Reconstructive Surgery and/or Cosmetic Services	15773			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA: Begeined for All Disprosis Code EXCEPT: C0.0.11, C5.0.12, C5.0.19, C5.0.11, C5.0.11, C5.0.112, C5.0.19, C5.0.11, C5.0.112, C5.0.19, C5.0.11, C5.0.12, C5.0.19, C5				
Medical	Reconstructive Surgery and/or Cosmetic Services	15774			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA: Bassined for All Disprises Code BEXEDT. C00.011, C50.012, C50.019, C50.011, C50.112, C50.				
Medical	Reconstructive Surgery and/or Cosmetic Services	15775			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15776			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15780			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15781			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15782			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15783			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15788			Required	Required	Required	Required	Required	Not Required	Required	Required	

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 FPO)	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 Cancer Treatment	17999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Oncology) Reconstructive Surgery	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, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
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)	Ph a Required for All disposits order EXCEPT. CH3.1, CS0.011, CS0.012, CS0.019, CS0.011, CS0.112, CS0.115, CS0.112, CS0.115, CS0.112, CS0.112, CS0.113, CS0.112, CS0.112, CS0.113, CS0.
Medical	Reconstructive Surgery and/or Cosmetic Services	19318			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All disprosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50
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 & Required for All disprosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.
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 Equited for All disposis codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.011, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.112, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	19330			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All disposits codes EXCEPT. C83. L (50.011, C50.012, C50.019, C50.111, C90.112, C50.119, C50.112, C50.129, C50.212, C50.212, C50.213, C50
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 Equited for All disposis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.112, C50.129, C50.111, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	19342			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All disposits codes <u>EXCEPT</u> . C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.112, C50.129, C50.212, C50.2122, C50.212
Medical	Reconstructive Surgery and/or Cosmetic Services	19350			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA s Required for All disposis codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	19355			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA s Required for All disposis codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.112, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	19357			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA s Required for All disposis codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.114, C50.112, C50.114, C50.1124, C50.114, C50.1124, C50.1144, C50.11
Medical	Reconstructive Surgery and/or Cosmetic Services	19370			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA s Required for All disposis codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.112, C50.129, C50.114, C50.121, C50.122, C50.129, C50.121, C50.122, C50.129, C50.121, C50.122, C50.129, C50.121, C50.122, C50.121, C50.122, C50.121, C50.122, C50.1222,
Medical	Reconstructive Surgery and/or Cosmetic Services	19371			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All disposits codes <u>EXCEPT</u> . C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112,
Medical	Reconstructive Surgery and/or Cosmetic Services	19380			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA S Equited for All disposes codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.115, C50.114, C50.114, C50.115, C50.114, C50.1144,
Medical	Reconstructive Surgery and/or Cosmetic Services	19499			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for all disposes codes <u>EXCEPT</u> , C48.1, C50.011, C50.012, C50.019, C50.011, C50.112, C50.115,
Medical	Cancer Treatment (Oncology)	20982			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	20983			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21123			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21125			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21127			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21137			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21138			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical Medical Medical	and/or Cosmetic Services Reconstructive Surgery and/or Cosmetic Services Bone and Joint	21123 21125 21127 21137			Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Required Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Required Required Required	Not Required Required Required Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net Managed Medicaid	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
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	21143			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
medical	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	21146			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Piculai	and/or Cosmetic Services	21140			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 Medical	Sleep Medicine Sleep Medicine	21150 21151			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21154			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine Reconstructive Surgery	21155			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	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 Medical	Reconstructive Surgery and/or Cosmetic Services Sleep Medicine	21193 21194			Required Not Required	Required Not Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21195			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21196 21198			Required Not Required	Required Not Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	21199 21206			Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required 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	21209			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Reconstructive Surgery	21210			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21215			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services				,		,				,		
Medical	Reconstructive Surgery and/or Cosmetic Services Reconstructive Surgery	21230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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		T	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	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	,	Code	Code		not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
Medical	Reconstructive Surgery	21260			HNY EPO)								
Medical	and/or Cosmetic Services				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21261			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21263			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21267			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21268			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	21270			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	and/or Cosmetic Services Reconstructive Surgery	21275				Not Required		Not Required		Not Required		·	
Medical	and/or Cosmetic Services				Not Required		Not Required		Required		Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21280			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21282			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21296			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21299			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21740			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	21742			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	21743			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Bone and Joint	22101			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22114			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22206			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22212			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22532			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	22548			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22556			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22590			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22610			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22800			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22808			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22810			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22812			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22818			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22830			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	22836			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22837			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22838			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	22840			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint Onthopedics	22849			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22850			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22852			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22855			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthonedics)	22899			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	24370			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25446			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25447	-		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	26530			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical Medical	(Orthopedics) Bone and Joint	26531			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	
	(Orthopedics) Bone and Joint	26536			Not Required	,	Not Required		Not Required	Not Required	Required	Not Required	
Medical	(Orthopedics)	27437	L		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial	Commontal							
Table and BU DMF		D			Fully Insured	Self Funded			Cofee No.	Cofee No.	Cofeen Not	Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
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) Ears and Nose and	31295			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	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 Medical	Ears and Nose and Throat (Otorhinolaryngology)	31298 31626			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Lungs (Respiratory) Reconstructive Surgery and/or Cosmetic Services	32664			Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required Required	Not Required Required	
Medical Medical	Transplants Transplants	32850 32851			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	
Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	32853 32854			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required 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	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Codes		l	l	- 1								1

					Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue ,	Rate Code (Co	Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	not	t limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Kequirements (if applicable)
	Miscellaneous & Unlisted				HNY EPO)	EPO & POS)							
Medical	Codes Miscellaneous & Unlisted	33277			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Codes Miscellaneous & Unlisted	33278			Required Required	Required Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33279 33280			Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Codes Miscellaneous & Unlisted	33281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Heart and Blood Vessel	33285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Miscellaneous & Unlisted	33287			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Heart and Blood Vessel (Cardiovascular)	33340			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33361			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33362			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33363			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33364			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33365			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33366			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33367			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33368			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Heart and Blood Vessel	33412 33418			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33419			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	33927			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	33930 33933			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	
Medical Medical	Transplants	33935 33944			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Transplants Transplants	33944 33945			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not keguired Required	Not keguired Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33975			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel Heart and Blood Vessel	33979			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33990			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33991			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33992			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33993			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	
Medical Medical	(Cardiovascular) Heart and Blood Vessel	33995 33997			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33997			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Not Required Required	
	(Cardiovascular) Endovascular Grafts for												
Medical	Abdominal Aortic & Thoracic Aneurysms	34703			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34705			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Thoracic Aneurysms Endovascular Grafts for	34707											
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34/0/			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34711			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
	Thoracic Aneurysms Endovascular Grafts for			-		·		.,					
Medical	Abdominal Aortic & Thoracic Aneurysms	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Madient	Thoracic Aneurysms Endovascular Grafts for Abdominal Aortic &	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Description	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	PP0#C			NOT Kedalled	NOL REQUIRED	Not Keguirea	not required	NOT Kedanea	ivor required	INUL KEQUIFED	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
	Thoracic Aneurysms Endovascular Grafts for												
Medical	Abdominal Aortic & Thoracic Aneurysms	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36465	T		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery	36466											
Medical	and/or Cosmetic Services	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
								I .		l	ı	l	1

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)							
Medical	Reconstructive Surgery and/or Cosmetic Services	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Skin (Dermatology)	36522			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37241			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	37242			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: N40.1
Medical Medical	Radiation Therapy Reconstructive Surgery and/or Cosmetic Services	37243 37700			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37718			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	37761			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	37765			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	and/or Cosmetic Services Reconstructive Surgery							,	,	.,			
Medical	and/or Cosmetic Services	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Medical	Reconstructive Surgery and/or Cosmetic Services Erectile Dysfunction	37780 37788			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Transplants	37790 38204			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38205			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	38206 38209			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants	38210			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	38211 38214			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants	38215			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical Medical	Transplants Transplants	38221 38230			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	
Medical	Transplants	38232			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	38240 38241			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38242			Not Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Sleep Medicine	38243 41512			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	
Medical Medical	Sleep Medicine	41512			Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	42825			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42831			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42836			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	(Otorhinolarvngology) Digestive System	42836 43192			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
	(Gastroenterology) Digestive System					-,-							
Medical	(Gastroenterology)	43201			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43210			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Gastroenterology) Digestive System					-,-							
Medical	(Gastroenterology)	43257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System	43285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	(Gastroenterology) Digestive System	43290				Required							
Medical	(Gastroenterology)	43290			Required	Kequirea	Required	Required	Required	Required	Required	Required	

				Commercial	Communic							
				Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Code Co	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
Medical	Digestive System (Gastroenterology)	43291		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Experimental and Investigational	43497		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Pieucai	Procedures/ Services Digestive System				,							
Medical	(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	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43659		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43770		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	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	(Gastroenterology) Digestive System (Gastroenterology)	43843		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	43845		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43846		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43847		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43848		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43860		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43865		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	(Gastroenterology) Digestive System	43865										
Medical	(Gastroenterology) Digestive System	43881		Required	Required	Not Required	Not Required Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System			Required	Required	Not Required		Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43886		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43887		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	(Gastroenterology) #N/A	43888 43889		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical	Digestive System	43999		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Transplants	44133		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	44135 44136		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required 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	Required (By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40,
	Digestive System											
Medical	Digestive System			column) Required	column) Required		-					Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.0, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 Bit Decided for the following dispacets codes: E66.01, E66.2, Z69.26, Z69.27, Z69.29, Z69.20, Z69.00
	(Gastroenterology)	47001		column) Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Z08.41, Z08.42, Z08.43, Z08.49, Z08.45, E08.01, E08.01, E08.03, E08.31, E08.312, E08.313, E08.93,E08.91 Z08.41, Z08.42, Z08.43, Z08.44, Z08.45, E08.01, E66.2, Z08.35, Z08.36, Z08.37, Z08.38, Z08.39, Z08.40, Z08.41, Z08.42, Z08.43, Z08.44, Z08.44, Z08.45, E08.01,
Medical	Digestive System			Required (By Diagnosis - see last column) Required	Required (By Diagnosis - see last column) Required		Not Required		Not Required			PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.81, E66.812, E66.813, E66.89, E66.9
Medical Medical	Digestive System (Gastroenterology)	47001 47100 47135		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column)	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40,
Medical Medical	Digestive System (Gastroenterology) Transplants Transplants	47100 47135 47140		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required	Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required Required Not Required	Not Required Required Not Required	Not Required Required Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.81, E66.812, E66.813, E66.89, E66.9
Medical	Digestive System (Gastroenterology) Transplants Transplants Transolants Cancer Treatment	47100 47135		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required	Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required	Not Required Not Required Required	Not Required Required	Not Required Required	PA is Required for the following diagnosis codes: E66.01, E66.2, 268.35, 268.36, 268.37, 268.38, 268.39, 268.40, 268.41, 268.42, 268.43, 268.44, 268.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Cancer Treatment (Oncology) Cancer Treatment	47100 47135 47140 47141		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required Not Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Required Not Required Not Required Not Required	Not Required Required Not Required Not Required	Not Required Required Required Required	PA is Required for the following diagnosis codes: E66.01, E66.2, 268.35, 268.36, 268.37, 268.38, 268.39, 268.40, 268.41, 268.42, 268.43, 268.44, 268.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical Medical Medical	Digestive System (Gastroenterology) Transplants Transplants Transolants Cancer Treatment (Oncology) Cancer Treatment (Oncology) Digestive System	47100 47135 47140 47141 47370 47371		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Required Required Required Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required Not Required Required Required Required Required	Not Required Not Required Not Required Not Required Not Required Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required	Not Required Not Required Required Not Required Not Required Not Required Required Required Required	Not Required Required Not Required Not Required Required Required Required	Not Required Required Required Required Required Required Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical Medical Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transplants Cancer Treatment (Oncology) Cancer Treatment (Oncology) Digestive System (Gastroenterology)	47100 47135 47140 47141 47370 47371		Required (8) Diagnosis - see last column) Required (8) Diagnosis - see last column) Required Mot Required Mot Required Required Required Required	Required (By Dagnoss- see last column) Required (By Dagnoss- see last column) Required (By Dagnoss- see last column) Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required	Not Required Not Required Required Required Not Reguired Not Required Not Required Required Required (By Diagnosis - see last column)	Not Required Required Not Required Not Required Required Required Required Required (By Diagnosis - see last column)	Not Required Required Required Required Required Required Required	PA is Required for the following diagnosis codes: E66.01, E66.2, 268.35, 268.36, 268.37, 268.38, 268.39, 268.40, 268.41, 268.42, 268.43, 268.44, 268.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical Medical Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transolants Cancer Treatment (Oncology) Cancer Treatment (Oncology) Digestive System (Gastroenterology) Cancer Treatment (Oncology)	47100 47135 47140 47141 47370 47371 47379 47380		Required (8) Diagnosis - see last column) Required (8) Diagnosis - see last column) Required (8) Diagnosis - see last column) Required Mot Required Required Required Required Required Required Required Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required Not Required Required Required Required Required Required Repuired Repoired Repositions - see last	Not Required Not Required Not Required Not Required Not Required Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required	Not Required Not Required Required Not Required Not Required Not Required Required Required Required	Not Required Required Not Required Not Required Required Required Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical Medical Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transplants Transplants Oncology) Cancer Treatment (Oncology) Digestive System (Gastroenterology) Cancer Treatment (Oncology) Cancer Treatment (Oncology) Cancer Treatment (Oncology)	47100 47135 47140 47141 47370 47371		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required Not Required Not Required	Required (By Dagnoss- see last column) Required (By Dagnoss- see last column) Required (By Dagnoss- see last column) Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Not Required Required Required Required (By Diagnosis - see last column)	Not Required Not Required Required Required Not Reguired Not Required Not Required Required Required (By Diagnosis - see last column)	Not Required Required Not Required Not Required Required Required Required Required (By Diagnosis - see last column)	Not Required Required Required Required Required Required Required Required (By Diagnosis - see last column)	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical Medical Medical Medical Medical Medical Medical	Digestive System (Gastroenterology) Transplants (Oncology) Digestive System (Gastroenterology) Cancer Treatment (Oncology)	47100 47135 47140 47141 47241 47370 47371 47379 47380 47381 47382		Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required Rot Required	Not Required	Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Required Not Required Not Required Required Required (by Diagnosis – see last column) Not Required	Not Required Required Not Required Not Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical Medical Medical Medical Medical Medical Medical Medical Medical	Digestive System (Gastronterology) Transplants Transplants Transplants Transplants Transplants Cancer Treatment (Oncology) Cancer Treatment (Oncology) Digestive System (Castronterology) Cancer Treatment (Oncology)	47100 47135 47140 47141 47370 47371 47379 47380 47381		Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required Not Required Not Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required Not Required Not Required Required (By Diagnosis - see last column) Required Required Required Required Required Required Required Required Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required (By Diagnosis - see last column) Required Required Required	Not Required Not Required Required Not Required Not Required Required Required (By Diagnosis - see last column) Not Required Required	Not Required Begined Beth Reguered Not Required Rect Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transplants Transplants Cancer Treatment (Oncology) Cancer (Treatment) Concology)	47100 47135 47140 47141 47370 47371 47377 47379 47380 47381 47382 47383 47605		Required (By Diagnosis - see last column) Required (By Diagnosis - see last regulared (By Diagnosis - see last regulared Most Required Most Required Required Required Required Required Required Required Required Required Net Required Not Required Not Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Required Not Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required Not Required Not Required	Not Required Not Required Required Required Not Required Not Required Not Required Not Required Required Required Required Required	Not Required Beautred Not Resured Not Resured Required Required Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transplants Transplants Transplants Transplants Cancer Treatment (Oncology) Transplants Cancer Treatment (Oncology) Transplants	47100 47135 47140 47141 47370 47371 47379 47380 47381 47382 47382 47383 47605 48160		Required (By Diagnosis - see last column) (By Diagnosis - see last column) (By Required (By Beagured (By Beagured Most Required Most Required	Required (By Dispose): see last column) Required (By Column) Required (By Column) Required Not Required Not Required	Not Required Required Not Required Not Required Not Required Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required Required Required Not Required	Not Required Not Required Required Required Not Required Not Required Not Required Not Required Required Not Required Required Not Required Required Not Required Required Required Required Required Required Required Required Not Required Required	Not Required Required Not Required Not Required Required Required Required (By Diagnosis - see last column) Required Required Required Required Acquired Required Not Required Required Not Required Required Not Required Not Required	Not Required Robumpiss- see last column) Required Required Required Required Required Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Transplants Concology (Concology) Cancer Treatment (Oncology) Cancer Treatment (Concology) Cancer Treatment (Concology) Cancer Treatment (Oncology) Cancer	47100 47135 47135 47140 47141 47370 47371 47379 47380 47381 47382 47383 47605 48160 48550 48550		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required Not Required	Required (By Biognosis - see last column) Required (By Biognosis - see last column) Required (By Biognosis - see last column) Required Not Required Not Required Not Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required Not Required Not Required	Not Required Not Required Required Required Not Required Not Required Required Required Required Required Required Not Required Required Required Required Required Not Required	Not Required Required Required Not Required Not Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gestronterology) Transplants Transplants Transplants Transplants Concology (Concology) Cancer Treatment (Oncology) Digestive System (Castronterology) Cancer Treatment (Oncology) Digestive System (Castronterology) Digestive System (Concology) Digestive System (Concology) Transplants	47100 47135 47149 47141 47370 47371 47377 47379 47380 47381 47382 47383 47605 48159 48		Required (By Diagnosis - see last column) (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required	Required (By Disposits - see last column) Required (By Disposits - see last column) Required (By Disposits - see last column) Required Not Required Not Required Required Required Required Required Required Required Required Required Not Required Required Required Not Required Not Required Not Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Required Required Required Required Required Required Required Required Not Required	Not Required Not Required Required Required Not Required Not Required Not Required Required Required Required Not Required	Not Required Beguired Not Resured Recipired Required Required Required Required Required Required Required Required Not Required	Not Required Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical	Digestive System (Gastronterology) Transplants Transplants Transplants Transplants Transplants Conception (Oncology) Cancer Transplants (Oncology) Transplants (Oncology) Transplants	47100 47135 47140 47141 47370 47371 47377 47379 47380 47381 47382 47605 48150 48150 48550 48550 48550 50300 50300 50300		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required Not Required Not Required Not Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Required Required Required Required Required Required Required Not Required	Not Required Not Required Required Required Not Required Not Required Required Required Required Required Required Required Required Not Required Required Not Required	Not Required Beoulind Not Beoulind Not Beoulind Required Required Required Required Required Required Required Not Required	Not Required Not Required Required Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical	Digestive System (Gastrooterology) Transplants (Gancer Treatment (Oncology) Digestive System (Gastrooterology) Gancer Treatment (Oncology) Cancer Treatment (Oncology) Cancer Treatment (Oncology) Transplants	47100 47135 47140 47135 47140 47370 47371 47379 47380 47381 47382 47382 47383 47605 48160 48160 48552 48552 50320 50360 50366		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required Not Required	Not Required	Not Required Not Required	Not Required Not Required Not Required Respured Required Not Required Not Required Not Required Not Required Respured Not Required	Not Required Not Required Resulted Resulted Not Required Not Required Not Required	Not Required Beautred Not Required Not Required Required Required Required Required Required (by Diagnosis - see list column) Required Not Required Not Required Not Required Not Required Not Required Not Required	Not Required Readind Required Not Required Required Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.43, Z68.44, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.45, E66.01, E66.2, E66.3, E66.811, E66.812, E66.813, E66
Medical	Digestive System (Cestronterology) Transplants Transplants Transplants Transplants Transplants Cancer Treatment (Oncology) Transplants Tra	47100 47135 47140 47131 47141 47370 47371 47379 47380 47381 47382 47382 47383 47665 48160 48552 48554 50320 50300 50330 50330		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Not Required	Required (By Diagnosis - see last column) Required (By Diagnosis - see last Required (By Diagnosis - see last Required	Not Required	Not Required	Not Required Not Required Not Required Not Required Required Required Required Required Required Not Required Required Required Not Required	Not Required Not Required Required Most Required Most Required Required Required Required Required Required Required Required Not Required	Not Required Beautined Not Beautined Not Beautined Required Required Required Required Required (by Diagnosis - see but column) Required Not Required	Not Required Not Required Not Required Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Conception (Conception Conception Conc	47100 47135 47140 47135 47140 47131 47370 47371 47379 47380 47381 47382 47383 47605 48160 48160 48550 48550 50320 50320 50320 50330 50380		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Respired Reguired	Required (By Bilgoniss - see last column) Required (By Bilgoniss - see last column) Required (By Bilgoniss - see last column) Required Not Required Not Required Not Required Not Required Not Required Not Required Not Required Re	Not Required Not Required	Not Required	Not Required Not Required Not Required Required Required Required Required Required Required Required Required Not Required Required	Not Required Not Required Required Required Not Required Not Required Required Required Required Required Required Not Required Required Required Not Required Required Required Not Required Required Not Required Required	Not Required Beguired Respired Recurred Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z58.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.81, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.26, Z68.37, Z68.39, Z68.39, Z68.49, Z68.41, Z68.44, Z68.44, Z68.44, E66.00, E66.00, E66.3, E66.631, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology) Transplants Transplants Transplants Concology (Concology) Concology (Concology) Concorrection (Concology) Concor	47100 47101 47135 47140 47137 47137 47370 47371 47379 47381 47382 47383 47605 48150 48550 48550 50300		Required (By Diagnosis - see last column) (Beguired - see last column) Required - see last column) Required Not Required	Required (By Disposits - see last column) Required (By Disposits - see last column) Required (By Disposits - see last column) Required Not Required Not Required Not Required	Not Required	Not Required	Not Required Not Required Not Required Required Required Required Required Required (Ny Diagnosis - see last column) Required Not Required	Not Required Not Required Not Required Required Required Not Required Required Required Required Required Not Required Not Required Not Required Required Required Required Not Required Not Required Not Required Not Required Not Required	Not Required Beautred Not Resoured Required Not Required	Not Required Not Required Not Required Not Required Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.82, Z68.82, Z68.37, Z68.83, Z68.39, Z68.40, Z68.41, Z68.44, Z68.44, Z68.44, Z68.45, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastronterology) Transplants Transpl	47100 47135 47140 47135 47140 47131 47370 47371 47379 47380 47381 47382 47383 47605 48160 48160 48550 48550 50320 50320 50320 50330 50380		Required (By Diagnosis - see last column) Required (By Diagnosis - see last column) Required Respired Reguired	Required (By Bilgoniss - see last column) Required (By Bilgoniss - see last column) Required (By Bilgoniss - see last column) Required Not Required Not Required Not Required Not Required Not Required Not Required Not Required Re	Not Required Not Required	Not Required	Not Required Not Required Not Required Required Required Required Required Required Required Required Required Not Required Required	Not Required Not Required Required Required Not Required Not Required Required Required Required Required Required Not Required Required Required Not Required Required Required Not Required Required Not Required Required	Not Required Beguired Respired Recurred Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z58.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.81, E66.812, E66.813, E66.89,E66.9 PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.26, Z68.37, Z68.39, Z68.39, Z68.49, Z68.41, Z68.44, Z68.44, Z68.44, E66.00, E66.00, E66.3, E66.631, E66.812, E66.813, E66.89,E66.9

Is the code BH, DME	Category	Procedure Code	Revenue Rate Code	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code	not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	riculaic		Child Health Plus	Essential Plan	Managed Medicaid	Program	Sugmoss requirement in appreciacy
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	52441		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	52442		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) #N/A	52443		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	#N/A Urinary	52597		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary)	53854		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53865		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	53866		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Erectile Dysfunction			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54230 54231		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54250		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54400 54401		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54405 54406		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54408		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54410 54411		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction Erectile Dysfunction	54415 54416		Not Required Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required	Required Required	
Medical Medical	Erectile Dysfunction	54417		Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Required Required	Required	
Medical Medical	Transplants Erectile Dysfunction	54680 55870		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Cancer Treatment	55873		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) #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 Reconstructive Surgery	55980		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	and/or Cosmetic Services	56620		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Reconstructive Surgery and/or Cosmetic Services Gender Affirmation	56625 56805		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
	Womens Health			Required	Required						Required	PA is Required for All diagnosis codes EXCEPT : C45.9, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0,
Medical	(Obstetrics and Gynecology)	58150		(By Diagnosis - see last column)	(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)	(By Diagnosis - see last column)	G31, G33, G33, G33, G40, G41, G42, G43, G48, G49, G55, G51, G52, G59, G700, G701, G702, G702, G71, G712, G71
Medical	Womens Health (Obstetrics and Gynecology)	58152		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT: C45, C51.0, C51.1, C51.2, C53.2, C75.3, C15.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.2, C54.8, C54.9, C5.5, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C5				
Medical	Womens Health (Obstetrics and Gynecology)	58180		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT. C45.9, C51.0, C51.1, C51.2, C53.3, C79.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C64.2, C64.3, C64.8, C64.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.02, C57.0, C57				
Medical	Womens Health (Obstetrics and Gynecology)	58260		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C53.0, C53.				
Medical	Womens Health (Obstetrics and Gynecology)	58262		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT: C45, C51.0, C51.1, C51.2, C53.2, C75.3, C13.6, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.0, C54.0, C54.0, C54.0, C57.0,				
Medical	Womens Health (Obstetrics and Gynecology)	58263		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEST C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C53.0, C53.1, C53.6, C53.0, C53.1, C53.6, C53.0, C53.0, C53.1, C53.0, C53.1, C53.0, C53.0, C53.1, C53.0, C53.0				
Medical	Womens Health (Obstetrics and Gynecology)	58270		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All disposes codes EXCEST. C49, C51.0, C51.1, C51.2, C53.3, C79.63, C51.8, C51.9, C52.0, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.2,				
Medical	Womens Health (Obstetrics and Gynecology)	58280		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All disposes codes EXCEPT: C59, C51.0, C51.1, C51.2, C53.2, C79.3, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2, C				
Medical	Womens Health (Obstetrics and Gynecology)	58285		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT: C65.9, C51.0, C51.1, C51.2, C53.3, C79.6, S, C18, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C53.0, C53.				
Medical	Womens Health (Obstetrics and Gynecology)	58290		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Regulard for All disposits codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.3, C95.3, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C57.0, C57.0				
Medical	Womens Health (Obstetrics and Gynecology)	58291		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis code SEXEPT: C45.9, C51.0, C51.1, C51.2, C53.2, C79.53, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2, C53.2				
Medical	Womens Health (Obstetrics and Gynecology)	58292		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT. C63, C51.0, C51.1, C51.2, C63.2, O78.3, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C63.0, C53.0,				

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Womens Health (Obstetrics and Gynecology)	58294			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55. C66.1, C56.2, C56.9, C57.00, C57.0				
Medical	Womens Health (Obstetrics and Gynecology)	58541			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C95.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.2, C53.2, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55.2, C56.3, C57.0, C57.0, C57.0, C57.10, C57.11, C57.12, C57.2, C57.2, C57.2, C57.2, C57.2, C57.8,				
Medical	Womens Health (Obstetrics and Gynecology)	58542			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Reguired for All diagnosis codes EXCEPT: (45.9, C51.0, C51.1, C51.2, C56.3, C76.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.0, C54.0, C54.0				
Medical	Womens Health (Obstetrics and Gynecology)	58543			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Bequited for All diagnosis codes EXCEST: C8.9, C51.0, C51.1, C51.2, C53.3, C75.3, C51.8, C51.9, C52.0, C53.0, C53.1, C53.6, C53.0, C53.0, C57.0,				
Medical	Womens Health (Obstetrics and Gynecology)	58544			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Beguired for Al diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.0, C53.0, C57.0, C57.0
Medical	Womens Health (Obstetrics and Gynecology)	58550			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis code EXCEPT: C45.9, C51.0, C51.1, C51.2, C55.2, C95.8, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C61.2, C52.2, C56.9, C7.00, C57.01, C57.02, C57.00, C57.02, C57.02, C57.2, C57
Medical	Womens Health (Obstetrics and Gynecology)	58552			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnoses codes PREPT: 05.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.5, C52.0, C52.0				
Medical	Womens Health (Obstetrics and Gynecology)	58553			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Regulred for All disposis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.2, C53.2, C51.5, C51.5, C52.0, C53.0, C53.1, C53.6, C53.0, C53.1, C53.6, C53.0, C57.0,
Medical	Womens Health (Obstetrics and Gynecology)	58554			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Beguited for All diagnosis code EXCETY (54.9, C51.0, C51.1, C51.2, C56.3, C79.6, C51.8, C51.8, C51.6, C52.0, C53.0, C53.1, C53.8, C53.0, C53.0, C57.0,				
Medical	Womens Health (Obstetrics and Gynecology)	58570			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All disposis codes EXCEPT: C4S, C51.0, C51.1, C51.2, C53.2, C78.3, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2, C				
Medical	Womens Health (Obstetrics and Gynecology)	58571			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : C45.9, C51.0, C51.1, C51.2, C56.3, C79.6, C51.8, C51.8, C51.6, C51.0,				
Medical	Womens Health (Obstetrics and Gynecology)	58572			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.3, C79.8, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.1, C53.2, C53.9, C53.0, C57.0, C57.0				
Medical	Womens Health (Obstetrics and Gynecology)	58573			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Bequired for All diagnosis codes EXCEST: C45,9, C51.0, C51.1, C51.2, C53.2, C75.3, C51.8, C51.5, C52.0, C53.0, C53.1, C53.2, C53.2				
Medical	Cancer Treatment (Oncology)	58580			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology) Womens Health	58674			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Obstetrics and Gynecology)	58752			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60660			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60661			Required	Required	Required	Required	Not Required	Required	Not Required	Required	
Medical	Nervous System (Neurology)	61630			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61635			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	61736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Nervous System (Neurology)	61860			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61863			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61867			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61868			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Nervous System (Neurology)	61880			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neuroloav)	61885			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61886			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61888			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	62369			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	62370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)	63003			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63016			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical? Category Category Procedure Code Revenue Code Rate Code (Commercial Products, but not limited to: HMO, PPO, POS & HMY EPO) Medical Bone and Joint (Orthopedics) Bone and Joint Orthopedics Bone and Joint Orthopedics Orthopedic	If Funded dal Products, but Medicare d to: HMO, PPO, O & POS)	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
not united tit: mility, Prüj, not limite (E. mility, not limit			Cillia ricalai rias	Essential Flair	Francyca Fredicaia		- Inglies in Inglies and the opposition of
Medical (Orthopedics) 63020 Not Required No.						Program	
Bone and Joint coast	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical (Orthopedics) 63046 Required	Required Not Required	Not Required	Required	Required	Required	Required	
Description of Science	Required Not Required	Not Required	Not Required	Not Required	Required	Required	
	Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical Bone and Joint (Orthopedics) 63077 Required No.	t Required Not Required	Not Required	Not Required	Required	Required	Required	
(Orthopedics)	t Required Not Required	Not Required	Not Required	Required	Required	Required	
(Orthopedics)	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical Bone and Joint (Orthopedics) 63086 Not Required No	t Required Not Required	Not Required	Not Required	Required	Required	Required	
(Grandend)	t Required Not Required	Not Required	Required	Required	Required	Required	
Medical (Orthopedics) 63170 Not Required No	t Required Not Required	Not Required	Required	Required	Required	Required	
Medical (Orthopedics) 63172 Not Required No.	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical (Orthopedics) 63173 Not Required No	t Required Not Required	Not Required	Required	Required	Required	Required	
Medical (Orthopedics) 63185 Not Required No	t Required Not Required	Not Required	Required	Required	Required	Required	
Medical (Orthopedics) 63190 Not Required No	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical (Orthopedics) 63191 Not Required No	t Required Not Required	Not Required	Required	Required	Required	Required	
Bone and Joint coace	t Required Not Required t Required Not Required	Not Required Not Required	Required Required	Required Required	Required	Required	
(Grandpeares)	t Required Not Required t Required Not Required	Not Required Not Required	Not Required	Required	Required Required	Required Required	
(Orthopedics) Bone and Joint	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Moderal Bone and Joint 62252 Not Required Me	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical Bone and Joint 63266 Not Required No	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical Bone and Joint 63268 Not Required No.	t Required Not Required	Not Required	Not Required	Required	Required	Required	
Bone and Joint Coard No.	t Required Not Required	Not Required	Required	Required	Required	Not Required	
Modical Bone and Joint 62371 Not Required Me	t Required Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Bone and Joint 63273 Not Required No.	t Required Not Required	Not Required	Required	Required	Required	Required	
(Ordiopedics)	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
0 1111	t Required Not Required	Not Required	Required	Not Required	Required	Required	
	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
	t Required Not Required	Not Required	Required	Not Required	Required	Required	
(Ortriopedics)	t Required Not Required	Not Required	Required	Not Required	Required	Required	
	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
(Ortropedics)	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
(Orthopedics)	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
(Orthopedics) 03230 Not required No.	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
(Ortropedics)	t Required Not Required	Not Required	Required	Not Required	Required	Required	
(Orthopedics) 65300 Not Required No.	t Required Not Required	Not Required	Not Required	Not Required	Required	Required	
(Orthopedics) 03301 Not Required No.	t Required Not Required	Not Required	Not Required	Required	Required	Required	
(Orthopedics) 03302 Not Required No.	t Required Not Required t Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required	Required	
(Orthopedics) 03303 Not Required No.	t Required Not Required t Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	Required Required	
Madical Bone and Joint 63305 Not Penuised No.	t Required Not Required t Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Bone and Joint Cook Not Described	t Required Not Required t Required Not Required	Not Required	Required	Required	Required	Required	
(Ortnopedics) Bone and Joint (2007)	t Required Not Required t Required Not Required	Not Required	Required	Required	Required	Required	
(Orthopedics) Bone and Joint 63308 Not Required No.	t Required Not Required	Not Required	Required	Required	Required	Required	
Modical Bone and Joint 62661 Not Required No.	t Required Not Required	Not Required	Not Required	Required	Not Required	Not Required	
(Orthopedics) Bone and Joint Bone and Joint (D. Disserting and Int.)	Required gnosis - see last Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32,
(Orthopedics) column)	column)				·		M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical (Orthopedics) Required	Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical (Neurology) 64553 Required	Required Not Required	Not Required	Not Required	Required	Required	Required	
Medical (Neurology) 64555 Required	Required Required	Required	Not Required	Required	Required	Required	
(Neurology) Medical #N/A 64567 Required	Required Required Required Not Required	Required Not Required	Not Required Required	Required Required	Required Required	Required Required	
	Required Required	Required	Not Required	Not Required	Required	Required	

March Marc						Commercial	Commercial							
	Is the code BH, DME,	Category	Procedure	Revenue R		Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
March Marc	eviCore, or Medical?		Code	Code	not lin	mited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
March	Medical	Nervous System (Neurology)	64580			Not Required		Not Required	Not Required	Required	Not Required	Required	Required	
March Marc		Nervous System												
March Marc	Medical	Sleep Medicine	64583			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
March Marc		Nervous System												
Part	Medical	Durable Medical	64596				Required		Not Required					
March Marc	Medical	Bone and Joint (Orthopedics)	64640		(Ву	Diagnosis - see last	(By Diagnosis - see last	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Part	Medical	Reconstructive Surgery and/or Cosmetic Services	64821					Not Required	Not Required	Not Required	Not Required	Required	Required	
Process Proc	Medical	Reconstructive Surgery and/or Cosmetic Services	64822			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
March Marc	Medical	Reconstructive Surgery	64823			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Part	Picocai	and/or Cosmetic Services	01025			required	required	Text recipited	Not required	Not required	Not required	recquired	requires	PA is Required for the following diagnosis codes:
Part Company		(Neurology)			(Ву	Diagnosis - see last column)	(By Diagnosis - see last column)							G40.00,G40.00,G40.01,G4
Proceedad Confession Conf	Medical	Eyes (Ophthalmology)	66180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Mode of Processing Services 1970	Medical	Eyes (Ophthalmology)	66989			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Position Process Control Service Control		Reconstructive Surgery												
Note of Processed States 1922 Processed States 1922		and/or Cosmetic Services												
Note: Security Securi									·			-		
Model Collection February 6700 Regard Rega		and/or Cosmetic Services					·	-	·					
Noted Section (1997)	Medical	and/or Cosmetic Services	67902			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Reconstruction Surgery 6700 Required Req	Medical	and/or Cosmetic Services	67903			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Reconstructed Support Model Reconstr	Medical	and/or Cosmetic Services	67904			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Hedded Reconstructive Surgery Hedded	Medical	and/or Cosmetic Services	67906			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical and Contractive Services (1972) Medical and Contractive Services (197	Medical	and/or Cosmetic Services	67908			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Recommendate Services Most Required Not Required	Medical	and/or Cosmetic Services	67909			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Reconstructers Surgery	Medical	Reconstructive Surgery and/or Cosmetic Services	67911			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Reconstructive Surgery and/or Commerc Services (1972) Medical Reconstructive Surgery	Medical	and/or Cosmetic Services	67914			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Reconstructive Surgery and/or Connects Services (7922 Not Required Not Required Not Required Not Required Required Required Required Required Required Not	Medical	and/or Cosmetic Services	67916			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Reconstructive Surgery and/or Commets Services 67922 Not Required Not Required	Medical	Reconstructive Surgery and/or Cosmetic Services	67917			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Reconstructive Surgery and/or Cosmetic Services Not Required Not Required Not Required Not Required Not Required Not Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required Not Required Not Required Requi	Medical	and/or Cosmetic Services	67921			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Reconstructive Surgery and/or Commets Services 67924 Not Required Required Required Not Required Required Required Required Not Required Not Required Not Required Required Required Not Required Not Required Not Required Required Not Required Required Required Not Required Required Not Requir	Medical	Reconstructive Surgery and/or Cosmetic Services	67922			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Accordance Services 5738 Not Required Not Required Required Not Requ	Medical	and/or Cosmetic Services	67923			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical Reconstructive Surgery and/or Commets: Services 57950 Not Required Not Required Not Required Not Required Not Required Not Required Required Not Requ	Medical	Reconstructive Surgery and/or Cosmetic Services	67924			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
and/or Cosmetic Services Medical Reconstructive Surgery and/or Cosmetic Services 69300 Required Not Required	Medical	Reconstructive Surgery and/or Cosmetic Services	67938			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical Reconstructs Surprises 69300 Required Required Required Required Not Required Require	Medical	and/or Cosmetic Services	67950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
and/or Cosmetic Services 93500 required	Medical	Reconstructive Surgery and/or Cosmetic Services	67999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Throat 9705 Required Required Required Required Required Not Required	Medical	and/or Cosmetic Services	69300			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Francis Normania (Medical	Throat (Otorhinolaryngology)	69705			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Throat 69706 Required Required Not Required Not Required Required Required Not Required	Medical	(Otorhinolaryngology)	69706			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Ears and Nose and Throat 69714 Required	Medical	Ears and Nose and Throat	69714			Required	Required	Required	Required	Required	Required	Required	Required	

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				Fully Insured	Commercial Self Funded						Safety Net	
is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						riogiani	
Medical	Ears and Nose and Throat	69716		Required								
Medical	(Otorhinolaryngology)	69/16		Kequirea	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	69717		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Otorhinolaryngology) Ears and Nose and											
Medical	Throat (Otorhinolaryngology)	69719		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat	69729		Required	Required	Required	Required	Required	Required	Required	Required	
	(Otorhinolaryngology) Ears and Nose and			· ·			· ·		· · · · · · · · · · · · · · · · · · ·			
Medical	Throat (Otorhinolaryngology)	69730		Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	
Medical	Ears and Nose and Throat	69799		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Otorhinolaryngology) Ears and Nose and			· ·				*				
Medical	Throat (Otorhinolaryngology)	69930		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Radiation Therapy	75894		Required (By Diagnosis - see last	Required (By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: I86.2, N94.89, R10.2
	Radiology (Imaging)			column)	column)							
Medical Medical	Services Genetic Testing	76497 81120		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81121		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical		81162 81163		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81164 81165		Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81166		Required	Required	Required	Required	Required	Required Not Required	Required	Required	
Medical Medical	Genetic Testing	81167 81171		Required Required	Required Required	Not Required Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required Not Required	Not Required	Required Not Required	Required Not Required Not Required	
Medical Medical	Genetic Testina	81172 81175	<u> </u>	Required Required	Required Required	Not Required Required	Not Required Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	
Medical	Genetic Testing	81177 81178		Required	Required	Required Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing	81179		Required Required	Required Required	Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81180 81181		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical		81182 81183		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81184		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical		81185 81186		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	81187 81188		Not Required Required	Not Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	81190 81191		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	81192		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81193 81194		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81200 81201		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81202		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81203 81204		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81205 81208		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81209 81210		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	81212		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing Genetic Testing	81215 81216		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81217 81223		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81224 81225		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testina	81226		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testina			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81229 81230	1	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81231		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing	81233 81234		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	81235 81238	<u> </u>	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81242 81243	1	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81244		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81250 81251		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81252 81253	1	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81254 81255		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81257		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing	81258 81259		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81260 81261	1	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81263		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testina	81264 81265		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
	Genetic Testino Laboratory	81266 81267		Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical		81268		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical Medical	Laboratory Constitution			Required	Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical Medical Medical	Genetic Testing Genetic Testing	81269 81272		Not Required	Not Required							
Medical Medical Medical Medical	Genetic Testing	81272 81273 81275		Not Required Not Required Required	Not Required Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical Medical Medical Medical Medical Medical Medical	Genetic Testing Genetic Testing Genetic Testing Genetic Testing Genetic Testing	81272 81273 81275 81276		Not Required Not Required Required Required	Not Required Required Required	Required Not Required Not Required	Required Not Required Not Required	Not Required Not Required	Not Required Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical Medical Medical Medical Medical Medical Medical	Genetic Testing	81272 81273 81275		Not Required Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required	Not Required Required	Not Required	Not Required	

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eviCore, or Medical?	Category	Code	Code R	Rate Code (Co	ommercial Products, but ot limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Genetic Testina Genetic Testing	81288 81289			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	81290 81292			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testina	81293			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testina	81294 81295			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81296 81297			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testing	81298			Required	Required	Required	Required	Not Required	Required Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81299 81300			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81301 81302			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81303 81304			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81305 81306			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81307			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81308 81309			Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81310 81311			Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	81312 81313			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testina	81314			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	81315 81317			Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81318 81319			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81321 81322			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81323 81324			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81325 81326			Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Digestive System (Gastroenterology)	81327			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testina	81330			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81331 81332			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testina	81335 81336			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81337 81349			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing	81351			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81352 81353			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	81400 81401			Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81402 81403			Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81404			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Laboratory Genetic Testing	81405 81406			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81407 81408			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing Genetic Testing	81410 81411			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	81412			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81413 81414			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81415 81416			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81417 81418			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testing	81419			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81422 81425			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	81426 81427			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testina Genetic Testing	81432 81434			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	81435 81439			Required	Required Required	Required Not Required	Required Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	81440			Required Required	Required	Not Required	Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical	Genetic Testing Genetic Testing	81441 81442			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81443 81445			Required Required	Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81448 81449			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required	
Medical	Genetic Testing	81450			Required	Required	Required	Required	Required	Required	Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81451 81455			Required Required	Required Required	Not Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81456 81457			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81458 81459			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81460			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81462 81463			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testina Genetic Testing	81464 81465			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	81470 81471			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testina	81479			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory Experimental and	81490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	81506			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical Medical	Genetic Testina	81518 81519			Required	Required Required	Required	Required Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81519 81520			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81521 81522			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81523 81529			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
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				EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
Medical Medical	Laboratory	81539		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	81540 81541		Required Reaulred	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	81542 81546		Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81551		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81552 81554		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	81595 81599		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing	84433		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	86152 86153		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Laboratory Laboratory	88120 88121		Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	
Medical	Womens Health (Obstetrics and	89251		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
medical	Gynecology) Womens Health	09231		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Obstetrics and	89253		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Gynecology) Genetic Testing	89290		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing Digestive System	89291		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Gastroenterology)	91110		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91111		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91113		Required	Required	Not Required	Not Required	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	92517		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Nervous System	92518			-,							
Medical	(Neurology) Nervous System			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(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	92972		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Miscellaneous & Unlisted			134	111111111111							
Medical	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	93153		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Heart and Blood Vessel (Cardiovascular)	93228		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel	93229		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	(Cardiovascular) Heart and Blood Vessel										-	
Medical	(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	93459		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	93462		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
	(Cardiovascular) Miscellaneous & Unlisted											
Medical	Codes	93702		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	93980 93981		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	95782 95783		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Sleep Medicine	95803		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Sleep Medicine Sleep Medicine	95805 95807		Required Reaulred	Required Reauired	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	95808 95810		Required Required	Required Reauired	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical	Sleep Medicine Nervous System	95811		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(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	96133		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Behavioral Health	96136		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Psvchology) Behavioral Health											
Medical	(Psychology)	96137		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96138		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96139		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96573		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	96574 97605		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	97607 97608		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Therapy and	97799		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Rehabilitation Transportation	A0080		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Transportation Transportation	A0090 A0140		Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	Transportation	A0180		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	

State Code BH, DHE, en/Core, or Nedical? Products, but shall be seen to the season of the season	Diagnosis Requirements (if applicable)
Middal Transcatation A0100 MR Required Not Not Required Not Required Not Not Required Not Required Not Required Not Required Not Not Required Not	Overgross requirements (it approduce)
Medical Transportation A0100 Not Recurred Recurred Recurred Not Recurred	
Medical Sain Chematolocy A001 Required Not Required Requi	
Medical Sain (Commissiony) A2002 Required Required Not Re	
Medical Sen (Commonitory) A2005 Required Require	
Medical Sen (Dematolocy) A2009 Required Required Not Requ	
Medical Sein (Dermatolony) A2009 Required Required Required Not Req	
Medical Skin (Dermatolocy) A011 Required Required Not Required <t< th=""><td></td></t<>	
Medical Sein (Demotalcopy) A013 Required Required Required Not Requ	
Medical	
Medical Shir (Demristology) A2016 Required Required Not Required N	
Medical Shir (Dermatolony) A2019 Required Required Required Required Required Required Not Requi	
Medical Skin (Dematology) A2020 Required Required Required Required Not Required Required Not Requir	
Personal Set (Ormatology) A2025 Required Not Required No	
Medical Skin (Dematolocy) A2027 Required Required Not Required Not Required	
Medical Skin (Dematology) A2029 Required Required Not Required Required Required Required Medical Skin (Dematology) A2030 Resurred Resurred Resurred Not Resurred Not Resurred Not Resurred Medical Skin (Dematology) A2031 Respured Resurred Resurred Not Required Not Required Not Required Medical Skin (Dematology) A2031 Respired Respired Respired Not Required Not Requir	
Medical Skin (Dermatology) A2031 Required Required Required Required Not Required N	
Medical Skin (Dermatology) A2033 Required Required Required Required Not Required N	
Medical Skin (Dermatology) A2034 Repuired Repuired Repuired Repuired Not Required Not Required Medical Skin (Dermatology) A2035 Repuired Regulared Not Required Not Required Not Required Not Required Medical Skin (Dermatology) A2035 Repuired Repuired Not Required Not Required Not Required Medical Skin (Dermatology) A2035 Repuired Repuired Not Required Not Required Not Required Not Required	
Medical Skin Chemistology A2036 Required Required Not	+
Medical Skin (Dermatology) A2038 Required Required Not Required	
Medical Shir Dementationy A2029 Required Required Not Req	
Usestive recovery Usestive recovery Durable Medical Description ACC13 Not Descripted Medical ACC13	
LOURING	
Medical Miscoanelous & Unitsed Miscoanelous & Unitsed Miscoanelous & Unitsed Mot Required Mot Required Not Requi	
Medical Investigational A9268 Not Required N	
Procedured Services Experimental and Experimental and Experimental and Experimental and Experimental and Experimental and Experimental	
Medical Investigational A9269 Not Required	
Medical Eyes (Ophthalmolopy) A9292 Required Not Required Not Required Not Required Not Required Not Required Medical Radiology ((maging)) A6697 Not Required Not Required Not Required Not Required Not Required	
Products Services A5037 Indu required indu r	
Medical Lutrable Medical A9900 No. Required No. Required No. Required Requi	
Medical Durable Medical A0999 Not Required Not Required Not Required Required Required Not Required Medical Food (Nutrition) B4105 Required Required Required Not Required Not Required Not Required	
Medical Food (Nutrition) B9999 Required Required Not Requ	
Medical Nervous System C1767 Required Required Not Required Not Required Required Required Not Required	
Medical Ever (Ophthalmolopy) CL733 Required Required Not Required Not Required Not Required Not Required Medical Event (be Profunction) CL933 Not Required Not Required Not Required Not Required Medical Event (be Profunction) CL933 Not Required Not Required Not Required Not Required Not Required Not Required Not Required Not Required	
Medical Nervous System (1820) Required Required Not Requi	
Bone and Joint Bone and Joint C1821 Not Required Not Req	
Modest Nervous System (1977) Desired Desired Net-Desired Met-Desired Met-Desir	
(New Own)// Neuromuscular	
Medical Struidation and Electrical C1825 Required Required Not Require	
Medical Bone and Joint Orthopoelics) CL826 Not Required Not Required Required Not Required Not Required Not Required	
Medical Bone and Joint Contropelics C1827 Required Required Not Required	
Medical Brown and Joint Continued Not Required Required Required Required Not Re	
Unimary Required Required National Management National Na	PA is Required for the following diagnosis codes: C61, C79.82, D07.5, 285.46
Medical System(Gentourinary) Loss (by Laghtoss - see last (by Laghtoss - see	PA is <u>Required</u> for the following diagnosis codes: C61, C/9.82, D07.5, 285.46
Medical Heat and Blood Vessels Co.524 Required Required Not Re	
Medical Enricite Defunction C6522 Mot Required Not Required Most Required Medical Sshi (Demotshoon) 0354 Benouleed Required Most Required Required Most Required	<u> </u>
Medical Skin (Dermatolov) Q335 Not Required Not Required Not Required Not Required Not Required Required Not Required	
Medical Sleep Medicine C9727 Required Required Not Requir	
Codes C97.27 Indirection and required indirection in required indirection required indirection required require	
Pleatural (Gastroenterobov) C9764 Required Required Not R	
Medical Digestive System Cigatore entrology C	
Medical Clinical Trials * C3792. Not Required Not Required Required Not Required No	
Medical (Gastroenteroloav) C3/96 Required Required Not Re	
System(Genitourinary) Required Required Required Recorded	
Medical Sleep Medicine E0471 Not Required Not Required Not Required Not Required Required Required Required Required Required	
Medical Sleep Medicarie ESSO21 Most Required Not Required Not Required Required Required Required Required Required Not Requir	+
Economet Updale Medical	+
Equipment	
Medical Equipment E3000 Not Required Not Required Required Not Require	
Medical (Neurology) G0255 Not Required	
Medical Brins and Joint G0276 Not Required Not Required Not Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Pevenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
Medical	Miscellaneous & Unlisted Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Transplants	G0341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	G0342 G0343			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Therapy and Rehabilitation	G0422			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	G0423			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics) Sleep Medicine	G0429			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	G0455			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	G0460 G0465			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Alternative Medicine Erectile Dysfunction	H0051 J0270			Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	J0275 J2440			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required	Required	
Medical	Erectile Dysfunction	32760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required Required	Required Required	
Medical	Experimental and Investigational Procedures/ Services	33570			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	J7330			Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0898			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L1320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	L1499			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L2006			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical	L2999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Equipment Durable Medical	13649			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Equipment Durable Medical	13999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Equipment Durable Medical	L6805			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Equipment Durable Medical	17259			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Equipment Durable Medical	18499			Not Required Required	Not Required	Required	Required	Required	,	Required	1.040.00	
	Equipment Urinary									Required		Required	
Medical	System(Genitourinary) Urinary	L8603			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary) Urinary	L8604			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	System(Genitourinary)	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8606			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology) Experimental and	L8612			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Investigational Procedures/ Services	M0075			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	P9020 Q2026			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4101 Q4104			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4105			Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4106 Q4107			Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4108 Q4110			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4111 Q4112			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4113 Q4114			Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4115 Q4116			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4118			Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4121 Q4122			Required Required	Required Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4123 Q4124			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4125 Q4126			Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4127 Q4128		T	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4130 O4132			Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4133 Q4134		_	Not Required Required	Not Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4135			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4136 Q4137			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4138 Q4139			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4140 Q4141	$- \exists$		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4142 Q4143			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4145 Q4146			Required Required Required	Required Required	Not Required Not Required Not Required	Not Required Not Required Not Required	Required Required Not Required	Required Required Not Required	Required Required Not Required	Required Required Not Required	
Medical	Skin (Dermatology)	Q4147			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)				Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4150 O4151			Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4152	$- \mp$	$- \exists$	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	

				Commercial	Commorcial							
Table and BU DMF		D		Fully Insured	Self Funded			Cofee No.	Cofeen No.	Cofeen No.	Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code Rat	te Code (Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4154 O4155		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4156 O4157		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	O4158		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4161 Q4162		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4163		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4164 Q4165		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4166 Q4167		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4169 Q4170		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology)	Q4171		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4174		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4175 Q4176		Required Required Required	Required Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4177 O4178		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4179		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4180 O4181		Required Reauired	Required Reauired	Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4182 O4183		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4184 Q4185		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4186 Q4188		Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4189		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4190 Q4191		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4192 Q4193		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4194		Required	Required Required	Required Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4195 Q4196		Required Required	Required	Not Required	Required Not Required	Required	Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4197 Q4198		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4199 Q4200		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4201		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4212 Q4217		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4224 Q4225		Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4229 Q4230		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4232		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4234		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4237 Q4238		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4239 Q4240		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4241		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4245		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4247		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4250 Q4251		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4252		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4253 Q4254		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4255 Q4256		Required Reauired	Required Reauired	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4256 Q4257 Q4258		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4259		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4260 Q4261		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4262 Q4263		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4264 Q4265		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4266 Q4267		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4267 Q4268 Q4269		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4270		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4271 Q4272		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4273 Q4274		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4275		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4276 Q4278		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4279 Q4280		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4281 Q4282		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4283		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4284 Q4285		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4286 Q4287		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	O4290		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	

Property					Commercial Fully Insured	Commercial							
Column C	Is the code BH, DME,	Category	Procedure	Revenue p:		Commercial Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net	Diagnosis Paguiraments (if applicable)
March Marc	eviCore, or Medical?	category	Code	Code	not limited to: HMO, F	PO, (Commercial Products, but not limited to: HMO, PPO,	Ficulation	iiiio b siii	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis requirements (ii approants)
March Marc	Medical	Skin (Dermatology)	04293		HNY EPO)		Required	Required	Not Required	Not Required	Not Required	Not Required	
Decompose Color						Required Required							
The column		Skin (Dermatology)			Required	Required	Required	Required Required	Not Required		Not Required	Not Required	
100 100	Medical	Skin (Dermatology)	Q4298		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Marc	Medical	Skin (Dermatology)	Q4300		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Marc							Required Required						
March	Medical	Skin (Dermatology)	Q4303		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Medical	Skin (Dermatology)	Q4305		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Column	Medical	Skin (Dermatology)	Q4307		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March Marc		Skin (Dermatology)									Not Required		
Accordance Color	Medical	Skin (Dermatology)	Q4310		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March Marc	Medical	Skin (Dermatology)	Q4312		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Marc	Medical	Skin (Dermatology)	Q4314		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
April						Required				Not Required Not Required			
March Marc	Medical	Skin (Dermatology)	Q4317		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Column C	Medical	Skin (Dermatology)	Q4319		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
December	Medical	Skin (Dermatology)	Q4321		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Description	Medical Medical				Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required			
Column	Medical	Skin (Dermatology)	04324		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
December Column	Medical	Skin (Dermatology)	Q4326		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
December Column	Medical	Skin (Dermatology)	04331		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
December Color December Color December Dece	Medical	Skin (Dermatology)	Q4334		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
March Marc		Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Marcol M	Medical	Skin (Dermatology)			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Proc. Proc	Medical	Skin (Dermatology)	Q4339		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Total Tota	Medical	Skin (Dermatology)	Q4341		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
The Company Column Colum	Medical Medical	Skin (Dermatology)	Q4342 Q4343		Required Required	Required Required		Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
March Marc		Skin (Dermatology)			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Model See Personal School See Medical See Medical See Medical See Medical See Medical See Medical See	Medical	Skin (Dermatology)	Q4346		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model So. Deventrool 6-002 So. Deventrool So. Developed So. Deventrool So. Deventrool So. Deventrool So. Developed So. Deventrool So. Developed So. Deve	Medical	Skin (Dermatology)	Q4348		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model Soci Description October Managed Manag						Required Required							
Model	Medical Medical				Required Required	Required Required	Required Required		Not Required Not Required				
Proceed Proc	Medical	Skin (Dermatology)	04353		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model	Medical	Skin (Dermatology)	Q4355		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model	Medical	Skin (Dermatology)	Q4357		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model Str. Conventional Child Fourier Fourie		Skin (Dermatology)			Required	Required	Required		Not Required	Not Required			
Model Sea (Devention) CHES Regard Reg	Medical	Skin (Dermatology)	Q4360		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model Son Commission October Note Required Regard Rega	Medical	Skin (Dermatology)	Q4362		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model Seri (Permotology) C-9556 Repaired Repa	Medical	Skin (Dermatology)	Q4364		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model See (Demostoc) Col. Propriet Register	Medical				Required Required	Required Required	Required Required		Not Required Not Required	Not Required Not Required			
Modes Sele Demonstration O-1919 Beauted Recursed Re	Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4367 Q4368		Required	Required	Required		Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Middle Shi (Demandard) C427. Required R	Medical	Skin (Dermatology)	Q4369		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin Demandron 0477 Request Required Required Required Required Not Requ	Medical	Skin (Dermatology)	Q4371		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sen (Commission) C-03175 Recurred Recurred Recurred Recurred Net Recurred	Medical	Skin (Dermatology)	Q4373		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sen (Dermatolocy) C4377 Repaired Required Required Required Required Not Re		Skin (Dermatology)		+	Required	Required	Required	Required	Not Required	Not Required	Not Required		
Medical Sain Dermatology) 0-4379 Recurred Recurred Recurred Recurred New Processor N	Medical	Skin (Dermatology)	04377		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sain (Chemistology) C4382 Required Required Required Required Required Not Required	Medical	Skin (Dermatology)	O4379		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sain (Cerminolocy) C4354 Required Required Mod. Required Not. Re	Medical	Skin (Dermatology)	Q4382		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Shir (Dermatolocy) Q4386 Required Required Not Re	Medical	Skin (Dermatology)	Q4384		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Demandorpy) 0-4387 Required Required Not	Medical	Skin (Dermatology) Skin (Dermatology)	Q4385 Q4386			Required Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required			
Medical Sin (Dermatoloxy) 0-4399 Required Required Not Re	Medical	Skin (Dermatology)	Q4387		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Dermitolocy) 0-4391 Required Required Not Re	Medical	Skin (Dermatology)	Q4389		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Nested San (Lemmodory) C4594 Required Net Required Not Re	Medical	Skin (Dermatology)	Q4391		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Nested San Lemmandory) (4-97) Melgured Megured Not Required Not Requir	Medical	Skin (Dermatology)	Q4393		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not kequired	
Medical Swif (Demandolony) G4396 Required Required Required Not Requir	Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4394 Q4395		Required Required	Required Required	Not Required Not Required						
Medical Hospice Services QSS10 Not Required	Medical	Skin (Dermatology)	Q4396		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Transportation S2028 Not Required Not Required Not	Medical	Hospice Services	Q5010		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Trivoxt S1091 Required Required Not Required Required Not Required Not Required Requir		Transportation											
(Otohinoleynoplogy) Medical Transplants S2053 Required Required Required Not Required Require		Ears and Nose and											
Medical Transplants S2054 Required Required Not Required		(Otorhinolaryngology)			· · ·				· ·	i i		-	
	Medical	Transplants	S2054		Required	Required	Not Required	Required	Required	Required	Required	Required	
April 2010 1001 1001 1001 1001 1001 1001 100	Medical Medical	Transplants Transplants	S2060 S2061		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Not Required	Required Not Required	

					Commercial	Commercial							
Is the code BH, DME,		Brocoduro	Royenue		Fully Insured	Self Funded			Cofoby Not	Safatu Not	Cofety Not	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)							
Medical Medical	Transplants Transplants	S2065 S2102			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical	Blood Disorder	S2102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Hematology) Transplants	S2142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	S2150 S2152			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Ears and Nose and Throat	S2235			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	(Otorhinolaryngology) Bone and Joint										·		
Medical Medical	(Orthopedics) Genetic Testina	S2300 S3841			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	S3844			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	S3846 S3849			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testina Genetic Testing	S3850 S3852			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testina Genetic Testing	S3853 S3854			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	S3861 S3865			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5102			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	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		L_ T	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	S9025			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) 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	S9125			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	S9126			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Therapy and Rehabilitation	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	S9128	789										
	Rehabilitation Therapy and				Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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	Not Required	Required	Required	Required	
Medical Medical	Transportation Transportation	S9960 S9961			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1019	-		· · · · · · · · · · · · · · · · · · ·								
	Infusion Nursing Visits Home Care & Home				Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursina Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	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 Medical	Transportation Transportation	T2001 T2004	<u> </u>		Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Transportation Transportation	T2005 T2007			Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required 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	
	Equipment										Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	(Only for Moving Assistance/Community transition, for HCBS or CFCO program)	(Only required for Moving Assistance/Community transition, for CFCO program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Aoes 22 & older)	Required	
	usion redfSINU VISIES							i	i		IAUES 22 & UIUET I		1

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	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	