

**August 1, 2025**

**UTILIZATION MANAGEMENT STANDARD  
CLINICAL REVIEW PREAUTHORIZATION LIST**

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

*Code Changes Are Highlighted In Grey*

**IMPORTANT**

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

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

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

**EviCore:**

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

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

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

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

| Is the code BH, DME, eviCore, or Medical? | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)                                 | Commercial Self Funded<br>(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                                                                                              |
|-------------------------------------------|----------------|--------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| BH/Medical                                | 90867          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH/Medical                                | 90868          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH/Medical                                | 90869          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH/Medical                                | 90876          | None         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH/Medical                                | 90876          | 0917         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 0889T          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH                                        | 0890T          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH                                        | 0891T          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH                                        | 0892T          |              |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH                                        | 90899          | None         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required                                                                                                                        |
| BH                                        | 96130          | None         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96130          | 0780         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96130          | 0789         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96130          | 0918         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96131          | None         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96131          | 0780         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96131          | 0789         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | 96131          | 0918         |           | Required                                                                                                                            | Required                                                                                                                            | Not Required | Not Required                                                                                                                        | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            | Required                                                                                                                            |
| BH                                        | H0004          | 0911         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Notification Required                                                                                                               | Not Required                                                                                                                        | Not Required                                                                                                                        | Notification Required                                                                                                               | Not Required                                                                                                                        |
| BH                                        | H0035          | None         |           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH                                        | H0035          | 0900         |           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |

| Is the code BH, DME, eviCore, or Medical?                   | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)                          | Commercial Self Funded<br>(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                                                                                       |
|-------------------------------------------------------------|----------------|--------------|-----------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| BH                                                          | H0035          | 0912         |           | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH                                                          | H0035          | 0913         |           | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH                                                          | H0036          | None         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | H0036          | 0900         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | H0036          | 0911         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | H0038          | None         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Notification Required only for Children and Family Treatment and Support Services (CFTSS)                                                                                     | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | 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)                                                |
| BH                                                          | 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                                                          | H2012          | None         |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Required                                                                                                                     | Required                                                                                                                                                                      | Required                                                                                                                     | Required                                                                                                                                                                      | Required                                                                                                                     |
| BH<br>Intensive Psychiatric Rehabilitation Treatment (IPRT) | H2012          | 0900         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Required                                                                                                                     | Required                                                                                                                                                                      | Not Required                                                                                                                 | Required                                                                                                                                                                      | Required                                                                                                                     |
| BH<br>Continuing Day Treatment                              | H2012          | 0907         |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Required                                                                                                                     | Required                                                                                                                                                                      | Required                                                                                                                     | Required                                                                                                                                                                      | Required                                                                                                                     |
| BH<br>Intensive Psychiatric Rehabilitation Treatment (IPRT) | H2012          | 0911         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Required                                                                                                                     | Required                                                                                                                                                                      | Not Required                                                                                                                 | Required                                                                                                                                                                      | Required                                                                                                                     |
| BH                                                          | H2012          | 0919         |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Not Required                                                                                                                 |
| BH                                                          | H2014          | None         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | H2014          | 0900         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | H2014          | 0911         |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                 | Not Required                                                                                                                                                                  | Notification Required only for CORE (Community Oriented Recovery Empowerment)                                                |
| BH                                                          | 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 initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |

| Is the code BH, DME, eviCore, or Medical? | Procedure Code  | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO) | Commercial Self Funded<br>(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 |
|-------------------------------------------|-----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| BH                                        | H2014HAUK       | 0900         | 8003      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | 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 initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUN       | 0240         | 8013      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUP       | 0240         | 8014      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUKU<br>N | 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 initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUKU<br>N | 0911         | 8004      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUKU<br>P | 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 initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2014HAUKU<br>P | 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 initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2015HA         | 0900         | 8009      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | H2015HA         | 0911         | 8009      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |

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|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| BH                                        | H2015HAUN      | 0900         | 8010      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2015HAUN      | 0911         | 8010      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2015HAUP      | 0900         | 8011      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2015HAUP      | 0911         | 8011      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2017          | None         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only) | Not Required                                                                                                                                                                  | Not Required              | Notification Required only for Children and Family Treatment and Support Services (CFTSS)                                                                                     | Notification Required only for CORE (Community Oriented Recovery Empowerment) |
| BH                                        | H2017          | 0900         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only) | Not Required                                                                                                                                                                  | Not Required              | Notification Required only for Children and Family Treatment and Support Services (CFTSS)                                                                                     | Notification Required only for CORE (Community Oriented Recovery Empowerment) |
| BH                                        | H2017          | 0911         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only) | Not Required                                                                                                                                                                  | Not Required              | Notification Required only for Children and Family Treatment and Support Services (CFTSS)                                                                                     | Notification Required only for CORE (Community Oriented Recovery Empowerment) |
| BH                                        | H2023          | None         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required                                                                                              | Not Required                                                                                                                                                                  | Not Required              | Not Required                                                                                                                                                                  | Required                                                                      |
| BH                                        | H2023          | 0900         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required (only if the member is also a member of HARP)                                                | Not Required                                                                                                                                                                  | Not Required              | Not Required                                                                                                                                                                  | Required                                                                      |
| BH                                        | H2023          | 0911         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required (only if the member is also a member of HARP)                                                | Not Required                                                                                                                                                                  | Not Required              | Not Required                                                                                                                                                                  | Required                                                                      |
| BH                                        | H2023HA        | 0900         | 8015      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2023HA        | 0911         | 8015      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                  |
| BH                                        | H2034          | None         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required                                                                                          | Not Required                                                                                                                                                                  | Not Required              | Notification Required                                                                                                                                                         | Notification Required                                                         |
| BH                                        | H2036          | None         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Notification Required                                                                                 | Notification Required                                                                                                                                                         | Notification Required     | Notification Required                                                                                                                                                         | Notification Required                                                         |
| BH                                        | H2036          | 0902         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Notification Required                                                                                 | Notification Required                                                                                                                                                         | Notification Required     | Notification Required                                                                                                                                                         | Notification Required                                                         |
| BH                                        | H2036          | 1002         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Notification Required                                                                                 | Notification Required                                                                                                                                                         | Notification Required     | Notification Required                                                                                                                                                         | Notification Required                                                         |

| Is the code BH, DME, eviCore, or Medical? | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)                          | Commercial Self Funded<br>(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                                                                                       |
|-------------------------------------------|----------------|--------------|-----------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| BH                                        | S0201          | None         |           | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Required     | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                                  | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH                                        | S5150          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                                                                      | Not Required                                                                                                                 | Required                                                                                                                                                                      | Required                                                                                                                     |
| BH                                        | S5150HA        | 0900         | 8023      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HA        | 0911         | 8023      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAHKH Q   | 0900         | 8026      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAHKH Q   | 0911         | 8026      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAHQ      | 0900         | 8027      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAHQ      | 0911         | 8027      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAET      | 0900         | 8028      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAET      | 0911         | 8028      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |
| BH                                        | S5150HAUN      |              | 8065      | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                 |

| Is the code BH, DME, eviCore, or Medical? | Procedure Code  | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO) | Commercial Self Funded<br>(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 |
|-------------------------------------------|-----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| BH                                        | SS150HAUN       | 0900         | 8065      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS150HAUN       | 0911         | 8065      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS150HB         |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                                                                                                                                                                  | Not Required              | Notification Required                                                                                                                                                         | Notification Required                  |
| BH                                        | SS150HR         |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                                                                                                                                                                  | Not Required              | Notification Required                                                                                                                                                         | Notification Required                  |
| BH                                        | SS151           |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                                                                                                                                                                      | Not Required              | Required                                                                                                                                                                      | Required                               |
| BH                                        | SS151HA         | 0900         | 8024      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HA         | 0911         | 8024      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HAHK       | 0900         | 8025      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HAHK       | 0911         | 8025      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HAET       | 0900         | 8029      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HAET       | 0911         | 8029      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |
| BH                                        | SS151HAETH<br>K | 0900         | 8030      | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required              | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                           |

| Is the code BH, DME, eviCore, or Medical?   | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)                                 | Commercial Self Funded<br>(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                                                                                              |
|---------------------------------------------|----------------|--------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| BH                                          | S5151HAETHK    | 0911         | 8030      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | S5151HAUN      |              | 8066      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | S5151HAUN      | 0900         | 8065      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | S5151HAUN      | 0911         | 8065      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | S5151HB        |              |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Notification Required                                                                                                                                                         | Notification Required                                                                                                               |
| BH (Excludes Chemical Dependency Diagnosis) | S9480          | None         |           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH (Excludes Chemical Dependency Diagnosis) | S9480          | 0905         |           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)                                           | <b>PLEASE READ IN FULL</b><br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| BH                                          | T2013          | 0900         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Required<br>(only if the member is also a member of HARP)                                                                           | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Required                                                                                                                            |
| BH                                          | T2013          | 0911         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Required                                                                                                                            | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Required                                                                                                                            |
| BH                                          | T2015          | None         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Required                                                                                                                            | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Required                                                                                                                            |
| BH                                          | T2015          | 0900         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Required                                                                                                                            |
| BH                                          | T2015          | 0911         |           | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Not Required                                                                                                                        | Not Required                                                                                                                                                                  | Required                                                                                                                            |
| BH                                          | T2015HA        | 0900         | 8006      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | T2015HA        | 0911         | 8006      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |
| BH                                          | T2015HAUN      | 0900         | 8007      | Not Required                                                                                                                        | Not Required                                                                                                                        | Not Required | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required                                                                                                                        |

[illegible]

| Is the code BH, DME, eviCore, or Medical? | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)                          | Commercial Self Funded<br>(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                                                                                       |
|-------------------------------------------|----------------|--------------|-----------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| BH                                        |                | 1001         |           | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL<br>(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |
| DME                                       | A4239          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Required     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4468          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4520          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4540          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4542          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4554          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4560          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4575          |              |           | Required                                                                                                                     | Required                                                                                                                     | Required     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A4593          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A4594          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A6501          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A6503          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A6507          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A8002          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     |
| DME                                       | A8003          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     |
| DME                                       | A9272          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A9274          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A9276          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A9277          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A9278          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A9280          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | A9281          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | A9282          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | B9004          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0193          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0194          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0215          |              |           | Required                                                                                                                     | Required                                                                                                                     | Required     | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0217          |              |           | Required                                                                                                                     | Required                                                                                                                     | Required     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0240          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0245          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0255          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0256          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0260          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0261          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0266          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Required     | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0274          |              |           | Required                                                                                                                     | Required                                                                                                                     | Required     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0277          |              |           | Required                                                                                                                     | Required                                                                                                                     | Required     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0290          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0291          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required | Not Required                                                                                                                 | Required                                                                                                                     | Not Required                                                                                                                 | Required                                                                                                                     | Required                                                                                                                     |
| DME                                       | E0292          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0294          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Required     | Required                                                                                                                     | Required                                                                                                                     | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0295          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0296          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0297          |              |           | Required                                                                                                                     | Required                                                                                                                     | Not Required | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 | Not Required                                                                                                                 |
| DME                                       | E0301          |              |           | Not Required                                                                                                                 | Not Required                                                                                                                 | Required     | Required                                                                                                                     | Required                                                                                                                     | Not                                                                                                                          |                                                                                                                              |                                                                                                                              |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| DME                                       | E0491          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0492          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0493          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0500          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | E0530          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0616          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0619          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0625          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0627          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | E0630          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | E0637          |              |           | Required                                                                                                | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | E0638          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0641          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0642          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0650          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0651          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0652          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0655          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0656          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0660          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0666          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | E0667          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0669          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0670          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0671          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0673          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0675          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0676          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0677          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0678          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0679          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0680          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0681          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0682          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0691          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0692          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0693          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0694          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0715          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0720          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0721          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0730          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | E0732          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0733          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0734          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0735          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0736          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0738          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0739          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0747          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| DME                                       | E0748          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0749          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0760          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0764          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0765          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0766          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | E0781          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0782          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0783          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0784          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | E0785          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0786          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0791          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | E0856          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0912          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0936          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| DME                                       | E0941          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E0945          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | E1002          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | E1003          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| DME                                       | K0011          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0012          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | K0013          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | K0014          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | K0108          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0455          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | K0606          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0739          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0743          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | K0800          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0801          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0802          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0806          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0807          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0808          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0812          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0813          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0814          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0815          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0816          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0820          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0821          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0822          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0823          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0824          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0825          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0826          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0827          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0828          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0829          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0830          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | K0831          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0835          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0836          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0837          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| DME                                       | K0838          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0839          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0840          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0841          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0842          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0843          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0848          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0849          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0850          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0851          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0852          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0853          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | K0854          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0855          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | K0856          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| DME                                       | K0857          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    |                                        |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| DME                                       | L5782          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5783          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5785          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5795          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5810          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5811          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5812          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5814          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5816          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5818          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5822          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5824          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5826          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5827          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5828          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5830          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5840          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5845          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5856          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L5857          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L5858          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L5859          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| DME                                       | L5920          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5930          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5950          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5960          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5961          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5962          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5964          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5966          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5968          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5969          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5973          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L5975          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5976          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5979          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5980          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5981          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5982          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5984          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5986          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5987          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5988          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5990          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L5991          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | L5999          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L6000          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6010          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6020          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6026          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L6050          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6055          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6100          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6110          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6120          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6130          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6200          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6205          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6250          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L6300          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6310          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6320          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6350          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6360          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6370          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6380          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6382          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6384          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6386          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6388          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L6400          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |

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| Is the code BH, DME, eviCore, or Medical? | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br><br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO) | Commercial Self Funded<br><br>(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 |
|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| DME                                       | L7040          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7045          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7170          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7180          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7181          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7185          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7186          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7190          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7191          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | L7366          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L7368          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L7404          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L7405          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L7406          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | L7499          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L5000          |              |           | Not Required                                                                                            | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L5848          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L7900          |              |           | Not Required                                                                                            | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME                                       | L7902          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| DME<br>(excludes breast cancer diagnosis) | L8600          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L8610          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L8615          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L8619          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L8627          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | L8628          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L8692          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| DME                                       | L8693          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | L8701          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | L8702          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1030          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1031          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1035          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1036          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1037          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | S1040          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Required     | Required                     | Not Required              | Required                    | Required                               |
| DME                                       | S5160          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | S5161          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| DME                                       | S9002          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| DME                                       | S9433          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| DME                                       | T4521          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4522          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | T4523          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| DME                                       | T4524          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| DME                                       | T4525          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4526          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4527          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4528          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4529          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4530          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| DME                                       | T4531          |              |           |                                                                                                         |                                                                                              |              |              |                              |                           |                             |                                        |

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|-------------------------------------------|-----------------------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Acute Rehab/ SNF Admissions               | Acute Rehab/ SNF Admissions |              |           | Required                                                                                                | Required                                                                                     | Required through CareCentrix | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 0006M                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required                 | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0007M                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0012M                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0013M                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0015M                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0016M                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0018M                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0019M                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0020M                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0001U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0005U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0017U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0018U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0026U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0027U                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0030U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0034U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0035U                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0036U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0037U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0045U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0047U                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Required                     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0055U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0060U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0070U                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Required                     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0071U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0072U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0073U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0074U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0075U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0076U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0080U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0087U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0088U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0089U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0090U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0092U                       |              |           | Not Required                                                                                            | Not Required                                                                                 | Required                     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0101U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0102U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0103U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0118U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0129U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0130U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0131U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0132U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0133U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 0134U                       |              |           | Required                                                                                                | Required                                                                                     | Not Required                 | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 0135U                       |              |           | Required                                                                                                | Required                                                                                     | Required                     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   |                             |              |           |                                                                                                         |                                                                                              |                              |              |                              |                           |                             |                                        |

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|-----------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical<br>(excludes breast cancer diagnosis) | 11920          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 11950          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 11951          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 11952          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 11954          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 13100          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 13101          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 13102          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 13120          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 13121          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 13122          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 13131          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 13132          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 13133          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 13151          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 14000          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 14001          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 14301          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 15650          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 15738          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 15740          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15769          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 15770          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(By Diagnosis)                     | 15771          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical<br>(By Diagnosis)                     | 15772          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15773          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15774          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15775          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15776          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15780          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                       | 15781          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                       | 15782          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15783          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15786          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 15788          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 15789          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 15792          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 15793          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 15820          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15821          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15822          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15823          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15824          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15825          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15826          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 15828          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15829          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15830          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15832          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |

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|-----------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                       | 15833          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15834          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15835          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15836          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15837          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15838          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15839          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15840          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 15842          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15845          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 15847          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 15876          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15877          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15878          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 15879          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 17106          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 17107          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 17108          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 17360          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 17380          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 17999          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 19105          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                       | 19300          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19316          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19318          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19325          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19328          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19330          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19340          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19342          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19350          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19355          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19357          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19370          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19371          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19380          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(excludes breast cancer diagnosis) | 19499          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                       | 20975          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 20982          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                       | 20983          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 21120          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                       | 21121          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                       | 21122          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | 22114          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22116          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22206          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22212          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22222          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22532          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22548          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22556          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22590          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22610          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22800          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22802          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22804          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22808          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22810          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22812          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22818          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 22819          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 22830          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 22836          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22837          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22838          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 22840          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 22849          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 22850          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 22852          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 22855          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 22899          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 24360          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 24361          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Required                               |
| Medical                                   | 24362          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 24363          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 24366          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Required                               |
| Medical                                   | 24370          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 24371          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 25441          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 25442          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 25443          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 25444          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Required                               |
| Medical                                   | 25445          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 25446          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 25447          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 25449          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 26530          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 26531          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 26535          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 26536          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 27437          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 27445          |              |           |                                                                                                         |                                                                                              |              |              |                              |                           |                             |                                        |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | 30802          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 31242          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 31243          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 31295          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 31296          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 31297          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 31298          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 31626          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 32664          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 32850          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 32851          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 32852          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 32853          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 32854          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 32998          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33202          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33203          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33254          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 33255          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 33258          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 33265          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 33266          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 33269          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 33276          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33277          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33278          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33279          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33280          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33281          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33285          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33287          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33288          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33340          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 33361          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33362          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33363          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33364          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33365          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33366          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33367          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33368          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33369          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33406          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 33410          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33411          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33412          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 33413          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 33418          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 33419          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     |                              |                           |                             |                                        |

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|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | 48551          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 48552          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 48554          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 48556          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50300          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 50320          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50325          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 50328          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 50329          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 50340          |              |           | Required                                                                                            | Required                                                                                 | Required     | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50360          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50365          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 50370          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 50380          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50542          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 50547          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 50590          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 50592          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 50593          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Not Required                           |
| Medical                                   | 51715          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 52284          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 52441          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 52442          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 53854          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 53865          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 53866          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 54220          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54230          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54231          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54235          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54240          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54250          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54400          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54401          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54405          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54406          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54408          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54410          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54411          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54415          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54416          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54417          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 54680          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 55870          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 55873          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 55880          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 55970          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 55980          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 56620          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |

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|------------------------------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58285          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58290          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58291          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58292          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58294          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58541          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58542          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58543          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58544          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58550          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58552          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58553          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58554          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58570          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58571          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58572          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58573          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58580          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical<br>(Excludes some hysterectomy related cancer diagnoses) | 58674          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                          | 58752          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                          | 60660          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                                          | 60661          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                                          | 61630          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                          | 61635          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                          | 61736          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 61737          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 61850          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                          | 61860          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                          | 61863          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 61864          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                          | 61867          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 61868          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                          | 61880          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                          | 61885          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                                          | 61886          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                          | 61888          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 62369          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                          | 62370          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Not Required                           |
| Medical                                                          | 63003          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                          | 63011          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 63016          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                          | 63020          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                                          | 63046          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 63055          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                          | 63064          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                          | 63066          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                          | 63077          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |

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|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | 66991          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 67715          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 67900          |              |           | Required                                                                                            | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 67901          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67902          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 67903          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 67904          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 67906          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67908          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67909          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 67911          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67914          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67915          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 67916          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67917          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67921          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67922          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 67923          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 67924          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67938          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67950          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 67999          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 68841          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 69300          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 69705          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 69706          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 69714          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 69716          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 69729          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 69730          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 69799          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 69930          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical<br>(By Diagnosis)                 | 75894          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 76497          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 77086          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Required                               |
| Medical                                   | 81120          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81121          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81162          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 81163          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81165          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 81166          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81167          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 81171          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81172          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81175          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81177          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81178          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81179          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81180          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                |                                        |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | 81312          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81313          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81314          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81315          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81317          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81318          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81319          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 81320          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81321          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81322          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81323          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81324          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81325          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81326          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81327          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81330          |              |           | Required                                                                                                | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81331          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Required                               |
| Medical                                   | 81332          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 81335          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81336          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 81337          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 81349          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 81351          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81352          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81353          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 81400          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 81401          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81402          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 81403          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81404          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81405          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81406          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81407          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81408          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81410          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81411          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81412          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81413          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81414          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81415          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81416          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81417          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 81418          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81419          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81422          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81425          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81426          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81427          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 81432          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | 81434          |              |           | Required                                                                                                | Required                                                                                     | Not Required |              |                              |                           |                             |                                        |

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|---------------------------------------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                                                   | 81470          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 81471          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 81479          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81490          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 81506          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81517          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81518          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 81519          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81520          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 81521          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81522          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81523          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 81529          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81535          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81536          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81538          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81539          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81540          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81541          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81542          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81546          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81551          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81552          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 81554          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 81595          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 81599          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 84433          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 86152          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 86153          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 88120          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 88121          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical<br>(Inclusion for prostate cancer screening diagnosis codes only) | 88184          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical<br>(Inclusion for prostate cancer screening diagnosis codes only) | 88185          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88237          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88240          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88261          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88263          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88264          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 88267          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                                   | 88271          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                                   | 88275          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                                   | 88361          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                                                   | 89251          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   | 89253          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 89290          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 89291          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                                                   | 91110          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                                                   | 91111          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                                                   | 91112          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                                                   |                |              |           |                                                                                                         |                                                                                              |              |              |                              |                           |                             |                                        |

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| Medical                                   | 93152          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 93153          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 93264          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 93452          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Required                               |
| Medical                                   | 93454          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 93458          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 93459          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 93462          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Not Required                           |
| Medical                                   | 93702          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 93980          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 93981          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95199          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95782          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95783          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95803          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 95805          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | 95807          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95808          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 95810          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 95811          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 95939          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 96116          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 96121          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 96132          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96133          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96136          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96137          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96138          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96139          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | 96573          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 96574          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 97605          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 97606          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | 97607          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 97608          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 97799          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 99377          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 99378          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | 99601          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | 99602          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A0080          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | A0090          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | A0140          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | A0180          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | A0190          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A0210          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A2001          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | A2002          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A2004          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 |                           |                             |                                        |

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|-------------------------------------------|----------------|--------------|-----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | A2032          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A2033          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A2034          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A2035          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A4238          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | A6512          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | A9156          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A9268          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A9269          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A9292          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A9697          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | A9900          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | A9999          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | B4105          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | B9999          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | C1767          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | C1783          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C1813          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | C1820          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | C1821          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C1822          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C1825          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C1827          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C1832          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C2614          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical<br>(By Diagnosis)                 | C2618          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C2624          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C2622          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | C5273          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C5277          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | C9354          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | C9356          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | C9363          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C9727          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C9734          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | C9784          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C9785          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C9792          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | C9796          |              |           | Required                                                                                                | Required                                                                                     | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | E0201          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | E0470          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | E0471          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | E0601          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | E0769          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | E1399          |              |           | Required                                                                                                | Required                                                                                     | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | E3000          |              |           | Not Required                                                                                            | Not Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | G0182          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | G0255          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | G0276          |              |           | Not Required                                                                                            | Not Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |

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|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | K0898          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | K0899          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | L1320          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | L1499          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | L2006          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | L2999          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | L3649          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | L3999          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | L6805          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | L7259          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | L8499          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | L8603          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | L8604          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | L8605          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | L8606          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |
| Medical                                   | L8612          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | M0075          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | M0300          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | P9020          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | Q2026          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4101          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4104          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4105          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4106          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4107          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4108          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4110          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4111          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | Q4112          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4113          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4114          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4115          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4116          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4117          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4118          |              |           | Required                                                                                            | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4121          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |
| Medical                                   | Q4122          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4123          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4124          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4125          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4126          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | Q4127          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4128          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4130          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |
| Medical                                   | Q4132          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4133          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | Q4134          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |
| Medical                                   | Q4135          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |
| Medical                                   | Q4136          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                    | Required                               |
| Medical                                   | Q4137          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |

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|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Medical                                   | S3849          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S3850          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S3852          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S3853          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S3854          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S3861          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S3865          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S3866          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S5102          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S5105          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S5130          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S5165          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required<br>(Ages 22 & older)                                                           | Not Required                                                                    |
| Medical                                   | S5199          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S8080          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9025          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9055          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9097          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9122          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9123          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9124          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9125          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9126          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9127          | None         |           | Required                                                                                            | Required                                                                                 | Required     | Not Required | Not Required                 | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9127          | 780          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9127          | 789          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9128          | None         |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9128          | 780          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9128          | 789          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9129          | None         |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9129          | 780          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9129          | 789          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | S9131          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S9152          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | S9960          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | S9961          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | T1000          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T1001          | None         |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1001          | 780          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1001          | 789          |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1002          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1003          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1004          |              |           | Not Required                                                                                        | Not Required                                                                             | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1019          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T1020          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T1021          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1030          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T1031          |              |           | Required                                                                                            | Required                                                                                 | Required     | Required     | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T1999          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Required                  | Required                                                                                | Required                                                                        |
| Medical                                   | T2001          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2004          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2005          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2007          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2028          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required<br>(Ages 22 & older)                                                           | Not Required                                                                    |
| Medical                                   | T2029          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2038          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Not Required                 | Not Required              | Required<br>(Only for Moving Assistance/Community transition, for HCBS or CFCC program) | Required<br>(Only for Moving Assistance/Community transition, for CFCC program) |
| Medical                                   | T2039          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Required     | Required                     | Not Required              | Required<br>(Ages 22 & older)                                                           | Required                                                                        |
| Medical                                   | T2042          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2043          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2044          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2045          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T2046          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | T5999          |              |           | Required                                                                                            | Required                                                                                 | Not Required | Not Required | Required                     | Required                  | Not Required                                                                            | Not Required                                                                    |
| Medical                                   | V2199          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Not Required                 | Not Required              | Required                                                                                | Required                                                                        |
| Medical                                   | V2299          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                                                                                | Required                                                                        |

| Is the code BH, DME, eviCore, or Medical? | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO) | Commercial Self Funded<br>(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 |
|-------------------------------------------|----------------|--------------|-----------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------|------------------------------|---------------------------|-----------------------------|----------------------------------------|
| Medical                                   | V2399          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | V2499          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | V2700          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |
| Medical                                   | V2799          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | V5362          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | V5363          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | V5364          |              |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0650         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0651         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0652         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0655         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0656         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0657         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0659         |           | Not Required                                                                                        | Not Required                                                                             | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |
| Medical                                   | NONE           | 0172         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Not Required | Notification Required        | Notification Required     | Notification Required       | Notification Required                  |
| Medical                                   | NONE           | 0173         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Not Required | Notification Required        | Notification Required     | Notification Required       | Notification Required                  |
| Medical                                   | NONE           | 0174         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Not Required | Notification Required        | Notification Required     | Notification Required       | Notification Required                  |
| Medical                                   | NONE           | 0179         |           | Notification Required                                                                               | Notification Required                                                                    | Not Required | Not Required | Notification Required        | Notification Required     | Notification Required       | Notification Required                  |