

February 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

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 Health Plan for the EviCore exclusions

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	Required	Required	Required	Required	Required	Required
BH	96130	0780		Required	Required	Required	Required	Required	Required	Required	Required
BH	96130	0789		Required	Required	Required	Required	Required	Required	Required	Required
BH	96130	0918		Required	Required	Required	Required	Required	Required	Required	Required
BH	96131	None		Required	Required	Required	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	Required	Required	Required	Required	Required	Required
BH	G0137	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required
BH	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	H0036	0900		Not Required	Not Required	Not Required	Notification Required	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	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0900		Not Required	Not Required	Not Required	Not Required	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	Not Required	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 Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
BH Continuing Day Treatment	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required
BH 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	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	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0911		Not Required	Not Required	Not Required	Not Required	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 (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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 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 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 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 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

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

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH	S0201	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	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 (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH	S5150HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	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	S5150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
BH	S5151HA	0900	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HA	0911	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAHK	0900	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAHK	0911	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAET	0900	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAET	0911	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAETH 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 (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH	S5151HAETH K	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		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH (Excludes Chemical Dependency Diagnosis)	S9480	0905		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	T2013	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	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 (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
DME	E0490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
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	Not 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			Not Required	Not Required	Not Required	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	Not 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	Not 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

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
DME	E1840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E1902			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E1905			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2102			Not Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E2103			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required
DME	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2228			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required
DME	E2230			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	E2293			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2294			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2295			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	E2298			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E2301			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E2310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2311			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2312			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2322			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2325			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2329			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2343			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2351			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	E2358			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2359			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2369			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2373			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2374			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2375			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2376			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2377			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2378			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2397			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required
DME	E2500			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2510			Required	Required	Required	Required	Required	Required	Required	Required
DME	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2599			Required	Required	Required	Required	Required	Required	Required	Required
DME	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	Not 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	Required
DME	K0858			Required	Required	Required	Required	Required	Required	Required	Required
DME	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0860			Required	Required	Required	Required	Required	Required	Required	Required
DME	K0861			Required	Required	Required	Required	Required	Required	Required	Required
DME	K0862			Required	Required	Required	Required	Required	Required	Required	Required
DME	K0863			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0864			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0868			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0869			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0870			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0871			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0877			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	K0885			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0886			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0890			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0891			Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K1035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required

[illegible]

[illegible]

[illegible]

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

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L7900			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	L7902			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME (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	Required	Required	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	S4988			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4532			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4533			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4534			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	T4535			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4536			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4537			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4538			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4540			Required							

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
EviCore/Medical (MSK)	64632			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	C9757			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	M0076			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required
EviCore/Medical (MSK)	S2118			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	S2348			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.			Required	Required	Required	Required	Required	Required	Required	Required
Acute Rehab/ SNF Admissions	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	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	0017M			Not Required	Not Required	Not Required	Not Required	Not Required	Not 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

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	0941T			Required	Required	Required	Required	Required	Required	Required	Required
Medical	0942T			Required	Required	Required	Required	Required	Required	Required	Required
Medical	0943T			Required	Required	Required	Required	Required	Required	Required	Required
Medical	00640			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical (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 (excludes breast cancer diagnosis)	13100			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (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	Required	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 (excludes breast cancer diagnosis)	14000			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	14001			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	14301			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15650			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15738			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (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 (excludes breast cancer diagnosis)	15770			Not Required	Required	Required	Required	Required	Required	Required	Required
Medical (By Diagnosis)	15771			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical (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

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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
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	Not 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	Not Required	Not 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 (excludes breast cancer diagnosis)	19316			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19318			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19325			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19328			Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19330			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19340			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19342			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19350			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19355			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19357			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19370			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19371			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19380			Required	Required	Required	Required	Required	Required	Required	Required
Medical (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

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	22102			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22103			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22110			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22112			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
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			Required	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	22505			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22595			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22600			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22610			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22614			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	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	22841			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22842			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22843			Not Required	Required	Not Required	Not Required	Not Required	Not 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	23473			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	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</						

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	30420			Required	Required	Required	Required	Required	Required	Required	Required
Medical	30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	30435			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	30460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	30462			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	30465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	30468			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	30469			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	30520			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	31660			Required	Required	Required	Required	Required	Required	Required	Required
Medical	31661			Required	Required	Required	Required	Required	Required	Required	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	33370			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	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	Not Required	Not Required	Required	Required
Medical	33927			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	33930			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	33933			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	33935			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	33944			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	33945			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	33975			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	33979			Required	Required	Required	Required	Not Required	Not Required	Required	Required

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	33990			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	33991			Required	Required	Required	Required	Required	Required	Required	Required
Medical	33992			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	33993			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	33995			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	33997			Required	Required	Required	Required	Required	Required	Required	Required
Medical	33999			Required	Required	Required	Required	Required	Required	Required	Required
Medical	34701			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required
Medical	34702			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34705			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34706			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	34712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34845			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	36522			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	37215			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	37241			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (By Diagnosis)	37242			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical (By Diagnosis)	37243			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	37500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	37700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	37718			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	377										

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	47380			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47381			Required	Required	Required	Required	Required	Required	Required	Required
Medical	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	47383			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
Medical	47562			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	47563			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	47564			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	47605			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	48160			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	48550			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
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	Required	Not 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										

[illegible]

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	64823			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical (By Diagnosis)	64999			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66179			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66180			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66183			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66989			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66991			Required	Required	Not Required	Not 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	Required	Not Required	Not Required	Required	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	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	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	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</		

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	81308			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81309			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81310			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81311			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	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			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81325			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81326			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81330			Required	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	81344			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	81364			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81370			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81371			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81372			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81373			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81375			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81376			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81377			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81378			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81379			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81380			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81381			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81382			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	81383			Not Required	Not Required	Required	Required	Required	Not Required	Required	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</							

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	81442			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81443			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81445			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81448			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81449			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	81450			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	81451			Required	Required	Not Required	Required	Required	Required	Required	Required
Medical	81455			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81456			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	81457			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81458			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81459			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81460			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	81462			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81463			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81464			Required	Required	Required	Required	Required	Required	Required	Required
Medical	81465			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
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	Required	Required	Required	Required	Required	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	Required	Required	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	86821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not 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 (Inclusion for prostate cancer screening diagnosis codes only)	88184			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical (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	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

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	91113			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92145			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	92310			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	92311			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	92313			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	92507			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	92508			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	92517			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92518			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92519			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92526			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	92549			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	92972			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93025			Required	Required	Required	Required	Required	Required	Required	Required
Medical	93150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93151			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
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	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	96146			Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Not Required	Not Required
Medical	A2005			Required	Required	Required	Required	Required	Required	Required	Required
Medical	A2007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	A2008			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	G0343			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0422			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	G0423			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	G0429			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0455			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0460			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0465			Required	Required	Required	Required	Required	Required	Required	Required
Medical	H0051			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	J0270			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	J0275			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	J2440			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
Medical	J2760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	J3570			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	J7330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	J7402			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	J9600			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
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			Required	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
Medical	Q4138			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	Q4139			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	Q4140			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	Q4141			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required

[illegible]

[illegible]

[illegible]

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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 (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 (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 (Only for Moving Assistance/Community transition, for HCBS or CFCO program)	Required (Only for Moving Assistance/Community transition, for CFCO program)
Medical	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (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	TS999			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
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	V2787			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	V2788			Required	Required	Not Required	Not Required	Not 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

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0173		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0174		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0179		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required