Excellus
A nonprofit independent licensee of the BlueCross BlueShield Association

November 1, 2021

UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST

The following services require clinical review preauthorization for,
Commercial managed products, Essential Plan, Medicare, 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

For *Commercial & Medicare* LOB please go to *CareAdvance Provider* by going to this URL,
https://provider.excellusbcbs.com/authorizations/request-authorization

For Essential Plan & *SafetyNet* LOB please go to *CareAdvance Provider* by going to this URL,
https://provider.excellusbcbs.com/authorizations/request-authorization

Medical Intake

For *Commercial & Medicare* LOB please go to *CareAdvance Provider* by going to this URL,
https://provider.excellusbcbs.com/authorizations/request-authorization

For Essential Plan & *SafetyNet* LOB please go to *CareAdvance Provide*r by going to this URL,
https://provider.excellusbcbs.com/authorizations/request-authorization

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
Abdominoplasty and Panniculectomy					
15830	Required	Required	Required	Required	Required
15832	Required	Required	Required	Required	Required
15833	Required	Required	Required	Required	Required
15834	Required	Required	Required	Required	Required
15835	Required	Required	Required	Required	Required
15836	Required	Required	Required	Required	Required
15837	Required	Required	Required	Required	Required
15838	Required	Required	Required	Required	Required
15839	Required	Required	Required	Required	Required
15847	Required	Required	Required	Required	Required
15876	Required	Required	Required	Required	Required
15877	Required	Required	Required	Required	Required
15878	Required	Required	Required	Required	Required
15879	Required	Required	Required	Required	Required
Ablation					
0600T	Not Required	Required	Required	Required	Required (For CHP Only)
0601T	Not Required	Required	Required	Required	Required (For CHP Only)
20983	Required	Required	Required	Required	Required
47383	Required	Required	Required	Required	Required
55873	Required	Required	Required	Not Required	Not Required
C2618	Not Required	Required	Required	Not Required	Not Required
Ablative techniques for treating Barret's Esophagus and treating primary metastatic live malignancies					
47370	Not Required	Not Required	Not Required	Not Required	Required
47380	Not Required	Not Required	Not Required	Not Required	Required
47382	Not Required	Not Required	Not Required	Not Required	Required
J9600	Required	Required	Required	Not Required	Not Required
Air Ambulance (non-emergency only)					
A0140	Required	Required	Required	Required	Required
S9960	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
S9961	Required	Required	Required	Required	Required
T2007	Required	Required	Required	Required	Required
Airway Clearance Devices	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Allograft for Spine Surgery	*** Please refer to Evicore.**				
20930	Required*	Required*	Not Required	Required	Required
20931	Required*	Required*	Required	Required	Required
Ambulatory Traction Devices	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Aqueous Drainage Devices					
0474T	Required	Required	Required	Not Required	Not Required
L8612	Not Required	Not Required	Not Required	Not Required	Required
Arthrodesis	*** Please refer to Evicore.**				
22532	Required	Required	Required	Required	Required
22533	Required*	Required*	Required	Required	Required
22534	Required*	Required*	Required	Required	Required
22548	Required	Required	Required	Required	Required
22551	Required*	Required*	Required	Required	Required
22552	Required*	Required*	Required	Required	Required
22554	Required*	Required*	Required	Required	Required
22556	Required	Required	Required	Required	Required
22558	Required*	Required*	Required	Required	Required
22585	Required*	Required*	Required	Required	Required
22586	Required*	Required*	Required	Required	Required
22590	Required	Required	Required	Required	Required
22595	Required	Required	Required	Required	Required
22600	Required*	Required*	Required	Required	Required
22610	Required	Required	Required	Required	Required
22612	Required*	Required*	Required	Required	Required
22614	Required*	Required*	Required	Required	Required
22630	Required*	Required*	Required	Required	Required
22632	Required*	Required*	Required	Required	Required
22633	Required*	Required*	Required	Required	Required
22634	Required*	Required*	Required	Required	Required
27279	Required*	Required*	Required	Required	Required
27280	Required*	Required*	Not Required	Not Required	Not Required
Arthroplasty; Artificial disc	*** Please refer to Evicore.**				
22856	Required*	Required*	Required	Required	Required
22857	Required*	Required*	Required	Required	Required
22858	Required*	Required*	Required	Required	Required
22861	Required*	Required*	Required	Required	Required
22862	Required*	Required*	Required	Required	Required
22864	Required	Required	Required	Required	Required
0095T	Required*	Required*	Required	Required	Required
0098T	Required*	Required*	Required	Required	Required
0163T	Required*	Required*	Required	Required	Required
0164T	Required*	Required*	Required	Required	Required
0165T	Required*	Required*	Required	Required	Required
Assisted Reproductive Technologies (ART)/Tubouterine Implantation					
58752	Not Required	Not Required	Not Required	Not Required	Required
Autism Spectrum Services: ICD-10: F840, F843, F845 or F848 – Code list @ excellusbcbs.com/Provider/Referrals & Auths / Priorauthorizations / Behavioral Health Tab					
Autograft for Spine Surgery	*** Please refer to Evicore.**				
20936	Required*	Required*	Not Required	Required	Required
20937	Required*	Required*	Required	Required	Required
20938	Required*	Required*	Required	Required	Required
Balloon Sinuplasty					
31295	Required	Required	Required	Required	Required
31296	Required	Required	Required	Required	Required
31297	Required	Required	Required	Required	Required
31298	Required	Required	Required	Required	Required
Bariatric Procedures					
0312T	Required	Required	Required	Required	Required
0313T	Required	Required	Required	Required	Required
0314T	Required	Required	Required	Required	Required
0315T	Required	Required	Required	Required	Required
0316T	Required	Required	Required	Required	Required
0317T	Required	Required	Required	Required	Required
43644	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
43645	Required	Required	Required	Required	Required
43659	Required	Required	Required	Required	Required
43770	Required	Required	Required	Required	Required
43771	Required	Required	Required	Required	Required
43772	Required	Required	Required	Required	Required
43773	Required	Required	Required	Required	Required
43774	Required	Required	Required	Required	Required
43775	Required	Required	Required	Required	Required
43842	Required	Required	Required	Required	Required
43843	Required	Required	Required	Required	Required
43845	Required	Required	Required	Required	Required
43846	Required	Required	Required	Required	Required
43847	Required	Required	Required	Required	Required
43848	Required	Required	Required	Required	Required
43886	Required	Required	Required	Required	Required
43887	Required	Required	Required	Required	Required
43888	Required	Required	Required	Required	Required
43999	Not Required	Not Required	Not Required	Required	Required
S2083	Not Required	Not Required	Not Required	Not Required	Required
Bed Supplies	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
E0199	Not Required	Not Required	Not Required	Required	Required
Biofeedback	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
90901	Required	Required	Required	Required	Not Required
90912	Required	Required	Required	Required	Not Required
90913	Required	Required	Required	Required	Not Required
Blepharoplasty					
15820	Required	Required	Required	Required	Required
15821	Required	Required	Required	Required	Required
15822	Required	Required	Required	Required	Required
15823	Required	Required	Required	Required	Required
67900	Required	Required	Required	Required	Required
67901	Required	Required	Required	Required	Required
67902	Required	Required	Required	Required	Required
67903	Required	Required	Required	Required	Required
67904	Required	Required	Required	Required	Required
67906	Required	Required	Required	Required	Required
67908	Required	Required	Required	Required	Required
67909	Required	Required	Required	Required	Required
67999	Required	Required	Required	Required	Required
Bone Growth Stimulation	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
20974	Not Required	Not Required	Not Required	Not Required	Required
20975	Not Required	Not Required	Not Required	Not Required	Required
20979	Required	Required	Required	Not Required	Required (For CHP Only)
Breast Reconstruction, including Implant Insertion, Removal or Reinsertion *(excludes breast cancer diagnosis)*					
11920	Not Required	Not Required	Not Required	Required	Required
11921	Required	Required	Required	Required	Required
11922	Required	Required	Required	Required	Required
11950	Required	Required	Required	Required	Required
19316	Not Required	Required	Required	Required	Required
19324	Required	Required	Required	Required	Required
19325	Required	Required	Required	Required	Required
19328	Required	Required	Required	Required	Required
19330	Required	Required	Required	Required	Required
19340	Required	Required	Required	Required	Required
19342	Required	Required	Required	Required	Required
19350	Required	Required	Required	Required	Required
19355	Not Required	Not Required	Not Required	Required	Required
19357	Not Required	Not Required	Not Required	Required	Required
19366	Required	Required	Required	Required	Required
19370	Required	Required	Required	Required	Required
19371	Required	Required	Required	Required	Required
19380	Required	Required	Required	Required	Required
19396	Required	Required	Required	Required	Required
19499	Not Required	Not Required	Not Required	Required	Required
L8600	Not Required	Not Required	Not Required	Required	Required
Breast Reduction Surgery (includes Gynecomastia)					

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
19300	Required	Required	Required	Required	Required
19318-excludes breast cancer	Not Required	Required	Required	Required	Required
Cardiac Catheterization; Elective only					
93452	Not Required	Not Required	Not Required	Not Required	Required
93454	Not Required	Not Required	Not Required	Not Required	Required
93455	Not Required	Not Required	Not Required	Not Required	Required
93458	Not Required	Not Required	Not Required	Not Required	Required
93459	Not Required	Not Required	Not Required	Not Required	Required
93462	Not Required	Not Required	Not Required	Not Required	Required
Cardiac Device	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
33285	Required	Required	Required	Not Required	Not Required
C1764	Required	Required	Required	Not Required	Not Required
Cardiovascular Telemetry Devices, Wearable; Mobile	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
93228	Required	Required	Required	Required	Required (For CHP & Medicaid Only)
93229	Required	Required	Required	Required	Required (For CHP & Medicaid Only)
Chelation Therapy					
M0300	Required	Required	Required	Required	Not Required
Cholecystectomy-Laparoscopic					
47562	Not Required	Not Required	Not Required	Required	Not Required
47563	Not Required	Not Required	Not Required	Required	Not Required
47564	Not Required	Not Required	Not Required	Required	Not Required
47605	Not Required	Not Required	Not Required	Required	Not Required
Clinical Trial*	*** For Medicare Advantage Members, Clinical Trials are not covered by the Health Plan as Primary Payer and should be billed to Fee for Service Medicare. Cross over claims will be sent directly to the plan by CMS**				
S9988	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
S9990	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
S9991	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
S9992	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
S9994	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
S9996	Not covered by the Health Plan, bill Fee for Service Medicare directly.	Required	Required	Required	Required
Cochlear Implant and Auditory Brain Stem Implant	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
69930	Not Required	Not Required	Not Required	Required	Required
S2235	Not Required	Not Required	Not Required	Required	Required (For CHP Only)
Collagenase, Clostridium Histolyticum; Xiaflex					
J0775	Required	Required	Required	Required	Required
Comfort and convenience Items	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Compression Garment	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Continuous Glucose Monitoring Devices	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
0446T	Required	Required	Required	Required	Required (For CHP Only)
0447T	Required	Required	Required	Required	Required (For CHP Only)
0448T	Required	Required	Required	Required	Required (For CHP Only)
Continuous Passive Motion Device in the Home Setting	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Cosmetic Procedures					
11951	Required	Required	Required	Required	Required
11952	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
11954	Not Required	Not Required	Not Required	Not Required	Required
13100	Not Required	Not Required	Not Required	Not Required	Required
13101	Not Required	Not Required	Not Required	Not Required	Required
13102	Not Required	Not Required	Not Required	Not Required	Required
13120	Not Required	Not Required	Not Required	Not Required	Required
13121	Not Required	Not Required	Not Required	Not Required	Required
13122	Not Required	Not Required	Not Required	Not Required	Required
13131	Not Required	Not Required	Not Required	Not Required	Required
13132	Not Required	Not Required	Not Required	Not Required	Required
13133	Not Required	Not Required	Not Required	Not Required	Required
13151	Not Required	Not Required	Not Required	Not Required	Required
13152	Not Required	Not Required	Not Required	Not Required	Required
13153	Not Required	Not Required	Not Required	Not Required	Required
13160	Not Required	Not Required	Not Required	Not Required	Required
15775	Required	Required	Required	Required	Required
15776	Required	Required	Required	Required	Required
15786	Not Required	Not Required	Not Required	Not Required	Required
15787	Not Required	Not Required	Not Required	Not Required	Required
15788	Not Required	Not Required	Not Required	Not Required	Required
15789	Not Required	Not Required	Not Required	Not Required	Required
15792	Not Required	Not Required	Not Required	Not Required	Required
15793	Not Required	Not Required	Not Required	Not Required	Required
15819	Not Required	Not Required	Not Required	Not Required	Required
15824	Required	Required	Required	Required	Required
15825	Required	Required	Required	Required	Required
15826	Required	Required	Required	Required	Required
15828	Required	Required	Required	Required	Required
15840	Not Required	Not Required	Not Required	Not Required	Required
15841	Not Required	Not Required	Not Required	Not Required	Required
15842	Not Required	Not Required	Not Required	Not Required	Required
15845	Not Required	Not Required	Not Required	Not Required	Required
17360	Required	Required	Required	Required	Required
17380	Required	Required	Required	Required	Required
17999	Not Required	Not Required	Not Required	Not Required	Required
21120	Not Required	Not Required	Not Required	Not Required	Required
21121	Not Required	Not Required	Not Required	Not Required	Required
21122	Not Required	Not Required	Not Required	Not Required	Required
21123	Not Required	Not Required	Not Required	Not Required	Required
21125	Not Required	Not Required	Not Required	Not Required	Required
21127	Not Required	Not Required	Not Required	Not Required	Required
21137	Not Required	Not Required	Not Required	Not Required	Required
21138	Not Required	Not Required	Not Required	Not Required	Required
21139	Not Required	Not Required	Not Required	Not Required	Required
21141	Not Required	Not Required	Not Required	Not Required	Required
21142	Not Required	Not Required	Not Required	Not Required	Required
21143	Not Required	Not Required	Not Required	Not Required	Required
21145	Not Required	Not Required	Not Required	Not Required	Required
21146	Not Required	Not Required	Not Required	Not Required	Required
21147	Not Required	Not Required	Not Required	Not Required	Required
21150	Required	Required	Required	Required	Required
21151	Required	Required	Required	Required	Required
21154	Required	Required	Required	Required	Required
21155	Required	Required	Required	Required	Required
21159	Not Required	Not Required	Not Required	Not Required	Required
21160	Not Required	Not Required	Not Required	Not Required	Required
21172	Not Required	Not Required	Not Required	Not Required	Required
21175	Not Required	Not Required	Not Required	Not Required	Required
21179	Not Required	Not Required	Not Required	Not Required	Required
21180	Not Required	Not Required	Not Required	Not Required	Required
21181	Not Required	Not Required	Not Required	Not Required	Required
21182	Not Required	Not Required	Not Required	Not Required	Required
21183	Not Required	Not Required	Not Required	Not Required	Required
21184	Not Required	Not Required	Not Required	Not Required	Required
21188	Not Required	Not Required	Not Required	Not Required	Required
21193	Required	Required	Required	Required	Required
21194	Required	Required	Required	Required	Required
21195	Required	Required	Required	Required	Required
21196	Required	Required	Required	Required	Required
21198	Required	Required	Required	Required	Required
21199	Required	Required	Required	Required	Required
21206	Required	Required	Required	Required	Required
21208	Not Required	Not Required	Not Required	Not Required	Required
21209	Not Required	Not Required	Not Required	Not Required	Required
21210	Not Required	Not Required	Not Required	Not Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
21215	Not Required	Not Required	Not Required	Not Required	Required
21230	Not Required	Not Required	Not Required	Not Required	Required
21235	Not Required	Not Required	Not Required	Not Required	Required
21240	Not Required	Not Required	Not Required	Not Required	Required
21242	Not Required	Not Required	Not Required	Not Required	Required
21243	Not Required	Not Required	Not Required	Not Required	Required
21244	Required	Required	Required	Required	Required
21245	Not Required	Not Required	Not Required	Not Required	Required
21246	Not Required	Not Required	Not Required	Not Required	Required
21247	Not Required	Not Required	Not Required	Not Required	Required
21248	Not Required	Not Required	Not Required	Not Required	Required
21249	Not Required	Not Required	Not Required	Not Required	Required
21255	Not Required	Not Required	Not Required	Not Required	Required
21256	Not Required	Not Required	Not Required	Not Required	Required
21260	Not Required	Not Required	Not Required	Not Required	Required
21261	Not Required	Not Required	Not Required	Not Required	Required
21263	Not Required	Not Required	Not Required	Not Required	Required
21267	Not Required	Not Required	Not Required	Not Required	Required
21268	Not Required	Not Required	Not Required	Not Required	Required
21270	Not Required	Not Required	Not Required	Not Required	Required
21275	Not Required	Not Required	Not Required	Not Required	Required
21280	Not Required	Not Required	Not Required	Not Required	Required
21282	Not Required	Not Required	Not Required	Not Required	Required
21295	Not Required	Not Required	Not Required	Not Required	Required
21296	Not Required	Not Required	Not Required	Not Required	Required
21299	Not Required	Not Required	Not Required	Not Required	Required
30120	Not Required	Not Required	Not Required	Not Required	Required
30620	Not Required	Not Required	Not Required	Not Required	Required
30630	Not Required	Not Required	Not Required	Not Required	Required
67715	Not Required	Not Required	Not Required	Not Required	Required
67911	Not Required	Not Required	Not Required	Not Required	Required
67914	Not Required	Not Required	Not Required	Not Required	Required
67915	Not Required	Not Required	Not Required	Not Required	Required
67916	Not Required	Not Required	Not Required	Not Required	Required
67917	Not Required	Not Required	Not Required	Not Required	Required
67921	Not Required	Not Required	Not Required	Not Required	Required
67922	Not Required	Not Required	Not Required	Not Required	Required
67923	Not Required	Not Required	Not Required	Not Required	Required
67924	Not Required	Not Required	Not Required	Not Required	Required
67938	Not Required	Not Required	Not Required	Not Required	Required
67950	Not Required	Not Required	Not Required	Not Required	Required
G0429	Not Required	Not Required	Not Required	Not Required	Required
Q3031	Not Required	Not Required	Not Required	Not Required	Required
Cranial Orthotic	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Decompression Procedure (s); Spine	*** Please refer to Evicore.**				
22899	Required*	Required*	Not Required	Not Required	Not Required
62380	Required*	Required*	Required	Required	Required (For CHP Only)
63101	Not Required	Not Required	Not Required	Required	Required
63102	Not Required	Not Required	Not Required	Required	Required
63103	Not Required	Not Required	Not Required	Required	Required
C9757	Required*	Required*	Required	Required	Required
S2348	Required*	Required*	Required	Required	Required
Deep Brain Stimulation					
61850	Not Required	Not Required	Not Required	Required	Required
61863	Not Required	Not Required	Not Required	Required	Required
61864	Not Required	Not Required	Not Required	Required	Required
61867	Not Required	Not Required	Not Required	Required	Required
61868	Not Required	Not Required	Not Required	Required	Required
61880	Not Required	Not Required	Not Required	Required	Required
61885	Not Required	Not Required	Not Required	Required	Required
61886	Not Required	Not Required	Not Required	Required	Required
61888	Not Required	Not Required	Not Required	Required	Required
Defibrillator, Wearable Defibrillator Vest	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Dermabrasion					
15780	Required	Required	Required	Required	Not Required
15781	Required	Required	Required	Required	Not Required
15782	Required	Required	Required	Required	Required
15783	Required	Required	Required	Required	Required
Dermatology	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Discectomy including Osteophytectomy	*** Please refer to Evicore.**				

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
63076	Required*	Required*	Required	Required	Required
63078	Not Required	Not Required	Not Required	Required	Required
S2350	Not Required	Not Required	Not Required	Required	Required
S2351	Not Required	Not Required	Not Required	Required	Required
Electromagnetic Navigation Bronchoscopy					
31626	Required	Required	Required	Required	Not Required
31627	Required	Required	Required	Required	Not Required
Endovascular Grafts for Abdominal Aortic & Thoracic					
34701	Not Required	Not Required	Not Required	Not Required	Required
34702	Not Required	Not Required	Not Required	Not Required	Required
34703	Not Required	Not Required	Not Required	Not Required	Required
34704	Not Required	Not Required	Not Required	Not Required	Required
34705	Not Required	Not Required	Not Required	Not Required	Required
34706	Not Required	Not Required	Not Required	Not Required	Required
34707	Not Required	Not Required	Not Required	Not Required	Required
34708	Not Required	Not Required	Not Required	Not Required	Required
34709	Not Required	Not Required	Not Required	Not Required	Required
34710	Not Required	Not Required	Not Required	Not Required	Required
34711	Not Required	Not Required	Not Required	Not Required	Required
34712	Not Required	Not Required	Not Required	Not Required	Required
34713	Not Required	Not Required	Not Required	Not Required	Required
34714	Not Required	Not Required	Not Required	Not Required	Required
34715	Not Required	Not Required	Not Required	Not Required	Required
34716	Not Required	Not Required	Not Required	Not Required	Required
34841	Not Required	Not Required	Not Required	Not Required	Required
34842	Not Required	Not Required	Not Required	Not Required	Required
34843	Not Required	Not Required	Not Required	Not Required	Required
34844	Not Required	Not Required	Not Required	Not Required	Required
34845	Not Required	Not Required	Not Required	Not Required	Required
34846	Not Required	Not Required	Not Required	Not Required	Required
34847	Not Required	Not Required	Not Required	Not Required	Required
34848	Not Required	Not Required	Not Required	Not Required	Required
Erectile Dysfunction Procedures					
37788	Not Required	Not Required	Not Required	Not Required	Required
37790	Not Required	Not Required	Not Required	Not Required	Required
54220	Not Required	Not Required	Not Required	Not Required	Required
54230	Not Required	Not Required	Not Required	Not Required	Required
54231	Not Required	Not Required	Not Required	Not Required	Required
54235	Not Required	Not Required	Not Required	Not Required	Required (For Medicaid & HARP Only)
54240	Not Required	Not Required	Not Required	Not Required	Required
54250	Not Required	Not Required	Not Required	Not Required	Required
54400	Not Required	Not Required	Not Required	Not Required	Required
54401	Not Required	Not Required	Not Required	Not Required	Required
54405	Not Required	Not Required	Not Required	Not Required	Required
54406	Not Required	Not Required	Not Required	Not Required	Required
54408	Not Required	Not Required	Not Required	Not Required	Required
54410	Not Required	Not Required	Not Required	Not Required	Required
54411	Not Required	Not Required	Not Required	Not Required	Required
54416	Not Required	Not Required	Not Required	Not Required	Required
54417	Not Required	Not Required	Not Required	Not Required	Required
55870	Not Required	Not Required	Not Required	Not Required	Required
93980	Not Required	Not Required	Not Required	Not Required	Required
93981	Not Required	Not Required	Not Required	Not Required	Required
C1813	Not Required	Not Required	Not Required	Not Required	Required
C2622	Not Required	Not Required	Not Required	Not Required	Required
J0270	Not Required	Not Required	Not Required	Not Required	Required
J0275	Not Required	Not Required	Not Required	Not Required	Required
J2440	Not Required	Not Required	Not Required	Not Required	Required
J2760	Not Required	Not Required	Not Required	Not Required	Required
Esophageal Surgery					
43284	Not Required	Not Required	Not Required	Not Required	Required
43285	Not Required	Not Required	Not Required	Not Required	Required
Experimental and Investigational Procedures/ Services	*** Please refer to Evicore.**				
0071T	Required	Required	Required	Required	Required
0072T	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
0075T	Required	Required	Required	Required	Required
0076T	Required	Required	Required	Required	Required
0101T	Required	Required	Required	Required	Required
0102T	Required	Required	Required	Required	Required
0106T	Required	Required	Required	Required	Required
0107T	Required	Required	Required	Required	Required
0108T	Required	Required	Required	Required	Required
0109T	Required	Required	Required	Required	Required
0110T	Required	Required	Required	Required	Required
0174T	Required	Required	Required	Required	Required
0175T	Required	Required	Required	Required	Required
0207T	Not Required	Not Required	Not Required	Required	Required
0278T	Required	Required	Required	Required	Required
O333T	Required	Required	Required	Required	Required
0347T	Not Required	Not Required	Not Required	Not Required	Required
0348T	Not Required	Not Required	Not Required	Not Required	Required
0349T	Not Required	Not Required	Not Required	Not Required	Required
0350T	Not Required	Not Required	Not Required	Not Required	Required
0351T	Not Required	Not Required	Not Required	Not Required	Required
0352T	Not Required	Not Required	Not Required	Not Required	Required
0353T	Not Required	Not Required	Not Required	Not Required	Required
0354T	Not Required	Not Required	Not Required	Not Required	Required
0355T	Required	Required	Required	Required	Required
0356T	Not Required	Not Required	Not Required	Not Required	Required
0358T	Not Required	Not Required	Not Required	Not Required	Required
0378T	Not Required	Not Required	Not Required	Not Required	Required
0379T	Not Required	Not Required	Not Required	Not Required	Required
0383T	Not Required	Not Required	Not Required	Not Required	Required
0384T	Not Required	Not Required	Not Required	Not Required	Required
0385T	Not Required	Not Required	Not Required	Not Required	Required
0386T	Not Required	Not Required	Not Required	Not Required	Required
0397T	Required	Required	Required	Required	Not Required
0604T	Required	Required	Required	Required	Required (For CHP Only)
0605T	Required	Required	Required	Required	Required (For CHP Only)
0606T	Required	Required	Required	Required	Required (For CHP Only)
0640T	Not Required	Required	Required	Required	Required (For CHP Only)
0641T	Not Required	Required	Required	Required	Required (For CHP Only)
0642T	Not Required	Required	Required	Required	Required (For CHP Only)
0643T	Not Required	Required	Required	Required	Required (For CHP Only)
0644T	Not Required	Required	Required	Required	Required (For CHP Only)
0645T	Not Required	Required	Required	Required	Required (For CHP Only)
0646T	Not Required	Required	Required	Required	Required (For CHP Only)
0647T	Not Required	Required	Required	Required	Required (For CHP Only)
0648T	Required*	Required*	Required*	Required*	Required* (For CHP Only)
0649T	Required*	Required*	Required*	Required*	Required* (For CHP Only)
0651T	Required	Required	Required	Required	Required (For CHP Only)
0652T	Not Required	Required	Required	Required	Required (For CHP Only)
0653T	Not Required	Required	Required	Required	Required (For CHP Only)
0654T	Not Required	Required	Required	Required	Required (For CHP Only)
0655T	Required	Required	Required	Required	Required (For CHP Only)
0656T	Not Required	Required	Required	Required	Required (For CHP Only)
0657T	Not Required	Required	Required	Required	Required (For CHP Only)
0658T	Not Required	Required	Required	Required	Required (For CHP Only)
0659T	Not Required	Required	Required	Required	Required (For CHP Only)
0660T	Not Required	Required	Required	Required	Required (For CHP Only)
0661T	Not Required	Required	Required	Required	Required (For CHP Only)
0662T	Not Required	Required	Required	Required	Required (For CHP Only)
0663T	Not Required	Required	Required	Required	Required (For CHP Only)
0664T	Not Required	Required	Required	Required	Required (For CHP Only)
0665T	Not Required	Required	Required	Required	Required (For CHP Only)
0666T	Not Required	Required	Required	Required	Required (For CHP Only)
0667T	Not Required	Required	Required	Required	Required (For CHP Only)
0668T	Not Required	Required	Required	Required	Required (For CHP Only)
0669T	Not Required	Required	Required	Required	Required (For CHP Only)
0670T	Not Required	Required	Required	Required	Required (For CHP Only)
19105	Required	Required	Required	Required	Required
22505	Required	Required	Required	Required	Required
22526	Required*	Required*	Required	Required	Required
22527	Required*	Required*	Required	Required	Required
28890	Required	Required	Required	Required	Required
31647	Required	Required	Required	Required	Required
31648	Required	Required	Required	Required	Required
31649	Required	Required	Required	Required	Required
31651	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
31660	Required	Required	Required	Required	Required
31661	Required	Required	Required	Required	Required
33255	Required	Required	Required	Required	Required
33258	Required	Required	Required	Required	Required
33265	Required	Required	Required	Required	Required
33266	Required	Required	Required	Required	Required
33340	Required	Required	Required	Required	Not Required
33542	Required	Required	Required	Required	Required
33548	Required	Required	Required	Required	Required
41530	Required	Required	Required	Required	Required
43201	Required	Required	Required	Required	Required
43210	Required	Required	Required	Required	Not Required
43257	Required	Required	Required	Required	Required
44705	Required	Required	Required	Required	Required
46707	Required	Required	Required	Required	Required
47371	Required	Required	Required	Required	Required
47381	Required	Required	Required	Required	Required
50542	Required	Required	Required	Required	Required
61630	Required	Required	Required	Required	Required
61635	Required	Required	Required	Required	Required
61870	Required	Required	Required	Required	Required
64553	Required	Required	Required	Required	Required
69705	Required	Required	Required	Required	Required (For CHP Only)
69706	Required	Required	Required	Required	Required (For CHP Only)
77086	Not Required	Not Required	Not Required	Not Required	Required
81506	Required	Required	Required	Required	Required
81595	Required	Required	Required	Required	Required
83876	Not Required	Not Required	Not Required	Not Required	Required
86152	Required	Required	Required	Required	Required
86153	Required	Required	Required	Required	Required
89251	Required	Required	Required	Required	Required
89253	Required	Required	Required	Required	Required
90867	Required	Required	Required	Required	Not Required
90868	Required	Required	Required	Required	Not Required
90869	Required	Required	Required	Required	Not Required
90875	Required	Not Required	Required	Required	Required
90876	Required	Not Required	Required	Required	Required
91110	Required	Required	Required	Required	Required
91111	Required	Required	Required	Required	Required
91112	Required	Required	Required	Required	Required
92145	Not Required	Not Required	Not Required	Required	Required
93025	Required	Required	Required	Required	Required
93702	Required	Required	Required	Required	Required
94400	Required	Required	Required	Required	Required
95199	Required	Required	Required	Required	Required
96000	Required	Required	Required	Required	Required
96001	Required	Required	Required	Required	Required
96002	Required	Required	Required	Required	Required
96003	Required	Required	Required	Required	Required
96004	Required	Required	Required	Required	Required
C2614	Required	Required	Required	Required	Required
C9727	Required	Required	Required	Required	Required
C9737	Not Required	Not Required	Not Required	Not Required	Required
G0255	Not Required	Required	Required	Required	Required
G0428	Required	Required	Required	Required	Required
J3570	Required	Required	Required	Required	Required
M0075	Required	Required	Required	Required	Required
S2300	Required	Required	Required	Required	Required
S3852	Required	Required	Required	Required	Required
S3870	Not Required	Not Required	Not Required	Not Required	Required
S3900	Required	Required	Required	Required	Required
S8080	Not Required	Not Required	Not Required	Not Required	Required
S9025	Required	Required	Required	Required	Required
S9055	Required	Required	Required	Required	Required
S9090	Required	Required	Required	Required	Not Required
External Insulin Pump Therapy	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
External Prosthesis	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
L6805	Not Required	Not Required	Not Required	Not Required	Required
L6890	Not Required	Not Required	Not Required	Not Required	Required
L7259	Not Required	Not Required	Not Required	Not Required	Required
L8499	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
Fecal Bacteriotherapy					
G0455	Required	Required	Required	Required	Required
Functional Neuromuscular Stimulators	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Gait Trainer	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Gastric Electrical Stimulation					
43647	Required	Required	Required	Required	Not Required
43648	Required	Required	Required	Required	Not Required
43881	Required	Required	Required	Required	Not Required
43882	Required	Required	Required	Required	Not Required
Genetic Testing					
0018U	Required	Required	Required	Required	Required (For CHP only)
0026U	Required	Required	Required	Required	Required (For CHP only)
0027U	Required	Required	Required	Required	Required (For CHP only)
0037U	Required	Required	Required	Required	Required (For CHP only)
0047U	Required	Required	Required	Required	Required (For CHP only)
0060U	Required	Required	Required	Required	Required (For CHP only)
0070U	Required	Required	Required	Required	Required (For CHP only)
0071U	Required	Required	Required	Required	Required (For CHP only)
0072U	Required	Required	Required	Required	Required (For CHP only)
0073U	Required	Required	Required	Required	Required (For CHP only)
0074U	Required	Required	Required	Required	Required (For CHP only)
0075U	Required	Required	Required	Required	Required (For CHP only)
0076U	Required	Required	Required	Required	Required (For CHP only)
0089U	Required	Required	Required	Required	Required (For CHP only)
0101U	Required	Required	Required	Required	Required (For CHP only)
0102U	Required	Required	Required	Required	Required (For CHP only)
0103U	Required	Required	Required	Required	Required (For CHP only)
0129U	Required	Required	Required	Required	Required (For CHP only)
0130U	Required	Required	Required	Required	Required (For CHP only)
0131U	Required	Required	Required	Required	Required (For CHP only)
0132U	Required	Required	Required	Required	Required (For CHP only)
0133U	Required	Required	Required	Required	Required (For CHP only)
0134U	Required	Required	Required	Required	Required (For CHP only)
0135U	Required	Required	Required	Required	Required (For CHP only)
0137U	Required	Required	Required	Required	Required (For CHP only)
0138U	Required	Required	Required	Required	Required (For CHP only)
0172U	Required	Required	Required	Required	Required (For CHP only)
0173U	Required	Required	Required	Required	Required (For CHP only)
0175U	Required	Required	Required	Required	Required (For CHP only)
0228U	Not Required	Required	Required	Not Required	Not Required
0229U	Not Required	Required	Required	Not Required	Not Required
0230U	Not Required	Required	Required	Not Required	Not Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
0235U	Not Required	Required	Required	Not Required	Not Required
0236U	Not Required	Required	Required	Not Required	Not Required
0237U	Not Required	Required	Required	Not Required	Not Required
0238U	Not Required	Required	Required	Not Required	Not Required
0239U	Required	Required	Required	Required	Required (For CHP only)
0242U	Not Required	Required	Required	Not Required	Not Required
0243U	Not Required	Required	Required	Not Required	Not Required
0244U	Not Required	Required	Required	Not Required	Not Required
0245U	Not Required	Required	Required	Not Required	Not Required
0247U	Not Required	Required	Required	Required	Required (For CHP only)
81161	Required	Required	Required	Required	Required
81162	Required	Required	Required	Required	Required
81163	Required	Required	Required	Required	Required (For CHP only)
81164	Required	Required	Required	Required	Required
81165	Required	Required	Required	Required	Required
81166	Required	Required	Required	Required	Required
81167	Required	Required	Required	Required	Required
81185	Required	Required	Required	Required	Required
81187	Required	Required	Required	Required	Required
81191	Required	Required	Required	Required	Required (For CHP Only)
81192	Required	Required	Required	Required	Required (For CHP Only)
81193	Required	Required	Required	Required	Required (For CHP Only)
81194	Required	Required	Required	Required	Required (For CHP Only)
81200	Required	Required	Required	Required	Required
81201	Required	Required	Required	Required	Required
81202	Required	Required	Required	Required	Required
81203	Required	Required	Required	Required	Required
81205	Required	Required	Required	Required	Required
81206	Not Required	Not Required	Not Required	Not Required	Required
81207	Not Required	Not Required	Not Required	Not Required	Required
81208	Not Required	Not Required	Not Required	Not Required	Required
81209	Required	Required	Required	Required	Required
81210	Required	Required	Required	Required	Required
81212	Required	Required	Required	Required	Required
81215	Required	Required	Required	Required	Required
81216	Required	Required	Required	Required	Required
81217	Required	Required	Required	Required	Required
81220	Not Required	Not Required	Not Required	Not Required	Not Required
81221	Required	Required	Required	Required	Required
81222	Required	Required	Required	Required	Required
81223	Required	Required	Required	Required	Required
81224	Required	Required	Required	Required	Required
81225	Required	Required	Required	Required	Required
81226	Required	Required	Required	Required	Required
81227	Required	Required	Required	Required	Required
81228	Required	Required	Required	Required	Required
81229	Required	Required	Required	Required	Required
81230	Required	Required	Required	Required	Required (For CHP only)
81231	Required	Required	Required	Required	Required (For CHP only)
81235	Required	Required	Required	Required	Required
81238	Required	Required	Required	Required	Required
81242	Required	Required	Required	Required	Required
81243	Required	Required	Required	Required	Required
81244	Required	Required	Required	Required	Required
81250	Required	Required	Required	Required	Required
81251	Required	Required	Required	Required	Required
81252	Required	Required	Required	Required	Required
81253	Required	Required	Required	Required	Required
81254	Required	Required	Required	Required	Required
81255	Required	Required	Required	Required	Required
81257	Required	Required	Required	Required	Required
81260	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
81275	Required	Required	Required	Required	Required
81277	Required	Required	Required	Required	Required (For CHP Only)
81287	Required	Required	Required	Required	Required
81288	Required	Required	Required	Required	Required
81290	Required	Required	Required	Required	Required
81291	Not Required	Not Required	Not Required	Not Required	Required
81292	Required	Required	Required	Required	Required
81293	Required	Required	Required	Required	Required
81294	Required	Required	Required	Required	Required
81295	Required	Required	Required	Required	Required
81296	Required	Required	Required	Required	Required
81297	Required	Required	Required	Required	Required
81298	Required	Required	Required	Required	Required
81299	Required	Required	Required	Required	Required
81300	Required	Required	Required	Required	Required
81301	Required	Required	Required	Required	Required
81302	Required	Required	Required	Required	Required
81303	Required	Required	Required	Required	Required
81304	Required	Required	Required	Required	Required
81307	Required	Required	Required	Required	Required
81308	Required	Required	Required	Required	Required
81311	Required	Required	Required	Required	Required
81313	Required	Required	Required	Required	Required
81317	Required	Required	Required	Required	Required
81318	Required	Required	Required	Required	Required
81319	Required	Required	Required	Required	Required
81321	Required	Required	Required	Required	Required
81322	Required	Required	Required	Required	Required
81323	Required	Required	Required	Required	Required
81324	Required	Required	Required	Required	Required
81325	Required	Required	Required	Required	Required
81326	Required	Required	Required	Required	Required
81330	Required	Required	Required	Required	Required
81331	Required	Required	Required	Required	Required
81332	Required	Required	Required	Required	Required
81336	Required	Required	Required	Required	Required
81337	Required	Required	Required	Required	Required
81351	Required	Required	Required	Required	Required (For CHP Only)
81352	Required	Required	Required	Required	Required (For CHP Only)
81353	Required	Required	Required	Required	Required (For CHP Only)
81355	Required	Required	Required	Required	Required
81364	Required	Required	Required	Required	Required
81370	Required	Required	Required	Required	Required
81371	Required	Required	Required	Required	Required
81372	Required	Required	Required	Required	Required
81373	Required	Required	Required	Required	Required
81374	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81375	Required	Required	Required	Required	Required
81376	Required	Required	Required	Required	Required
81377	Required	Required	Required	Required	Required
81378	Required	Required	Required	Required	Required
81379	Required	Required	Required	Required	Required
81380	Required	Required	Required	Required	Required
81381	Required	Required	Required	Required	Required
81382	Required	Required	Required	Required	Required
81383	Required	Required	Required	Required	Required
81400	Required	Required	Required	Required	Required
81401	Not Required	Not Required	Not Required	Not Required	Required
81402	Required	Required	Required	Required	Required
81403	Required	Required	Required	Required	Required
81404	Required	Required	Required	Required	Required
81405	Required	Required	Required	Required	Required
81406	Required	Required	Required	Required	Required
81407	Required	Required	Required	Required	Required
81408	Required	Required	Required	Required	Required
81410	Required	Required	Required	Required	Required
81411	Required	Required	Required	Required	Required
81412	Required	Required	Required	Required	Not Required
81413	Required	Required	Required	Required	Not Required
81414	Required	Required	Required	Required	Not Required
81415	Required	Required	Required	Required	Required
81416	Required	Required	Required	Required	Required
81417	Required	Required	Required	Required	Required
81419	Required	Required	Required	Required	Required (For CHP only)

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
81420	Not Required	Not Required	Not Required	Not Required	Required
81422	Required	Required	Required	Required	Required (For CHP only)
81425	Required	Required	Required	Required	Required
81426	Required	Required	Required	Required	Required
81427	Required	Required	Required	Required	Required
81430	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81431	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81432	Required	Required	Required	Required	Required (For CHP only)
81433	Required	Required	Required	Required	Required
81434	Required	Required	Required	Required	Required (For CHP only)
81435	Required	Required	Required	Required	Required
81436	Required	Required	Required	Required	Required
81440	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81443	Required	Required	Required	Required	Required (For CHP only)
81445	Required	Required	Required	Required	Required
81450	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81542	Required	Required	Required	Required	Required
81455	Required	Required	Required	Required	Required
81460	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81465	Required	Required	Required	Required	Required
81470	Required	Required	Required	Required	Required
81471	Required	Required	Required	Required	Required
81479	Required	Required	Required	Required	Required
81500	Required	Required	Required	Required	Required
81503	Required	Required	Required	Required	Required
81504	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
81507	Not Required	Not Required	Not Required	Not Required	Required
81519	Not Required	Not Required	Not Required	Not Required	Required
81520	Required	Required	Required	Required	Required
81529	Required	Required	Required	Required	Required (For CHP only)
81535	Required	Required	Required	Required	Not Required
81536	Required	Required	Required	Required	Not Required
81538	Required	Required	Required	Required	Not Required
81539	Required	Required	Required	Required	Not Required
81540	Required	Required	Required	Required	Not Required
81541	Required	Required	Required	Required	Required
81545	Required	Required	Required	Required	Required
81546	Required	Required	Required	Required	Required (For CHP only)
81551	Required	Required	Required	Required	Required
81552	Required	Required	Required	Required	Required (For CHP only)
81554	Required	Required	Required	Required	Required (For CHP only)
81599	Required	Required	Required	Required	Required
84999	Not Required	Required	Required	Not Required	Not Required
86812	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86813	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86816	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86817	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86821	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86825	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86826	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86828	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86829	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86830	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86831	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86832	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86833	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86834	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
86835	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88230	Not Required	Not Required	Not Required	Not Required	Required
88233	Not Required	Not Required	Not Required	Not Required	Required
88235	Not Required	Not Required	Not Required	Not Required	Required
88240	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88241	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88245	Not Required	Not Required	Not Required	Not Required	Required
88248	Not Required	Not Required	Not Required	Not Required	Required
88249	Not Required	Not Required	Not Required	Not Required	Required
88261	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88262	Not Required	Not Required	Not Required	Not Required	Required
88263	Not Required	Not Required	Not Required	Not Required	Required
88264	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88267	Not Required	Not Required	Not Required	Not Required	Required
88269	Not Required	Not Required	Not Required	Not Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
88271	Not Required	Not Required	Not Required	Not Required	Required
88272	Not Required	Not Required	Not Required	Not Required	Required
88273	Not Required	Not Required	Not Required	Not Required	Required
88274	Not Required	Not Required	Not Required	Not Required	Required
88275	Not Required	Not Required	Not Required	Not Required	Required
88280	Not Required	Not Required	Not Required	Not Required	Required
88283	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88285	Not Required	Not Required	Not Required	Not Required	Required
88289	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88291	Not Required	Not Required	Not Required	Not Required	Required
88299	Not Required	Not Required	Not Required	Not Required	Required
88364	Not Required	Not Required	Not Required	Not Required	Required
88366	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88369	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88373	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88374	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
88377	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
0006M	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
S3840	Not Required	Not Required	Not Required	Not Required	Required
S3800	Required	Required	Required	Required	Required
S3841	Required	Required	Required	Required	Required
S3842	Required	Required	Required	Required	Required
S3844	Required	Required	Required	Required	Required
S3845	Required	Required	Required	Required	Required
S3846	Required	Required	Required	Required	Required
S3849	Required	Required	Required	Required	Required
S3850	Required	Required	Required	Required	Required
S3853	Required	Required	Required	Required	Required
S3854	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
S3861	Required	Required	Required	Required	Required
S3865	Required	Required	Required	Required	Required
S3866	Required	Required	Required	Required	Required
Home Care					
99601	Required	Required	Required	Required	Not Required
99602	Required	Required	Required	Required	Not Required
G0299	Required	Required	Required	Required	Not Required
G0300	Required	Required	Required	Required	Not Required
S5102	Not Required	Not Required	Not Required	Required	Required
S5130	Not Required	Not Required	Not Required	Not Required	Required
S5150	Not Required	Not Required	Not Required	Required	Required (Not required with modifiers HA & HQ)
S5151	Not Required	Not Required	Not Required	Required	Required (Not required with modifier HA)
S5165	Not Required	Not Required	Not Required	Not Required	Required for MMC only -for Children's HCBS services only
S5170	Not Required	Not Required	Not Required	Required	Required
T2038	Not Required	Not Required	Not Required	Not Required	**MMC** -required for Children's HCBS and CFCO services only, **HARP**- required for CFCO services only
T2039	Not Required	Not Required	Not Required	Not Required	**MMC** -required for Children's HCBS and CFCO services only, **HARP**- required for CFCO services only
S5199	Not Required	Not Required	Not Required	Not Required	Required
S9097	Required	Required	Required	Required	Not Required
S9122	Required	Required	Required	Required	Not Required
S9123	Required	Required	Required	Required	Required
S9124	Required	Required	Required	Required	Required
S9125	Required	Required	Required	Required	Not Required
S9126	Not Required	Not Required	Not Required	Not Required	Required
S9127	Required	Required	Required	Required	Not Required
S9128	Required	Required	Required	Required	Required
S9129	Required	Required	Required	Required	Required
S9131	Required	Required	Required	Required	Required
T1000	Not Required	Not Required	Not Required	Not Required	Required
T1001	Required	Required	Required	Required	Required
T1002	Required	Required	Required	Required	Required
T1003	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
T1004	Required	Required	Required	Required	Required
T1019	Not Covered	Not Covered	Not Covered	Not Covered	Required
T1020	Not Covered	Not Covered	Not Covered	Not Covered	Required
T1021	Required	Required	Required	Required	Required
T1030	Required	Required	Required	Required	Required
T1031	Required	Required	Required	Required	Required
Home Automatic External Defibrillators	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Hospice Services					
99377	Not Required	Not Required	Not Required	Not Required	Required
99378	Not Required	Not Required	Not Required	Not Required	Required
G0182	Not Required	Not Required	Not Required	Not Required	Required
Q5001	Not Required	Not Required	Not Required	Not Required	Required
Q5003	Not Required	Not Required	Not Required	Not Required	Required
Q5004	Not Required	Not Required	Not Required	Not Required	Required
Q5005	Not Required	Not Required	Not Required	Not Required	Required
Q5006	Not Required	Not Required	Not Required	Not Required	Required
Q5007	Not Required	Not Required	Not Required	Not Required	Required
Q5008	Not Required	Not Required	Not Required	Not Required	Required
Q5009	Not Required	Not Required	Not Required	Not Required	Required
Q5010	Not Required	Not Required	Not Required	Not Required	Required
S0255	Not Required	Not Required	Not Required	Not Required	Required
S0271	Not Required	Not Required	Not Required	Not Required	Required
T2042	Not Required	Not Required	Not Required	Not Required	Required
T2043	Not Required	Not Required	Not Required	Not Required	Required
T2044	Not Required	Not Required	Not Required	Not Required	Required
T2045	Not Required	Not Required	Not Required	Not Required	Required
T2046	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0650	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0651	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0652	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0655	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0656	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0657	Not Required	Not Required	Not Required	Not Required	Required
Rev Code 0659	Not Required	Not Required	Not Required	Not Required	Required
Hospital and Air Fluidized Beds	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Hospital to Hospital Transfer	Required	Required	Required	Required	Required
Hyperbaric Oxygen Therapy	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
99183	Required	Required	Required	Required	Required
G0277	Required	Required	Required	Required	Required
Hyperhydrosis Surgery					
32664	Required	Required	Required	Required	Required
64821	Required	Required	Required	Required	Required
64822	Required	Required	Required	Required	Required
64823	Required	Required	Required	Required	Required
Hysterectomy					
58150	Required	Required	Required	Required	Required
58180	Required	Required	Required	Required	Required
58260	Required	Required	Required	Required	Required
58262	Required	Required	Required	Required	Required
58263	Required	Required	Required	Required	Required
58270	Required	Required	Required	Required	Required
58290	Required	Required	Required	Required	Required
58291	Required	Required	Required	Required	Required
58292	Required	Required	Required	Required	Required
58294	Required	Required	Required	Required	Required
58541	Required	Required	Required	Required	Required
58542	Required	Required	Required	Required	Required
58543	Required	Required	Required	Required	Required
58544	Required	Required	Required	Required	Required
58550	Required	Required	Required	Required	Required
58552	Required	Required	Required	Required	Required
58553	Required	Required	Required	Required	Required
58554	Required	Required	Required	Required	Required
58570	Required	Required	Required	Required	Required
58571	Required	Required	Required	Required	Required
58572	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
58573	Required	Required	Required	Required	Required
Infusion Pumps	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Inpatient Admissions; (except routine Maternity) to any facility including hospital, elective and direct admit, acute rehab, SNF, behavioral health substance abuse and hospital to hospital transfers.	Required	Required	Required	Required	Required
Inpatient Admission to the Neonatal Intensive Care Unit (NICU)					
Revenue Code 0172	Notification	Notification	Notification	Notification	Notification
Revenue Code 0173	Notification	Notification	Notification	Notification	Notification
Revenue Code 0174	Notification	Notification	Notification	Notification	Notification
Revenue Code 0179	Notification	Notification	Notification	Notification	Notification
Insulin Pumps	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Intrapulmonary Percussive Device	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Joint Surgery Procedures including arthroscopy and Replacement: Ankle, Elbow, Hip, Interphalangeal, Knee, Metacarpophalangeal, Shoulder, Wrist	*** Please refer to Evicore.**				
23000	Required*	Required*	Not Required	Not Required	Not Required
23020	Required*	Required*	Not Required	Not Required	Not Required
23120	Required*	Required*	Not Required	Required	Required
23130	Required*	Required*	Not Required	Required	Required
23410	Required*	Required*	Not Required	Required	Required
23412	Required*	Required*	Not Required	Required	Required
23415	Required*	Required*	Not Required	Required	Required
23420	Required*	Required*	Not Required	Required	Required
23430	Required*	Required*	Not Required	Required	Required
23440	Required*	Required*	Not Required	Required	Required
23450	Required*	Required*	Not Required	Required	Not Required
23455	Required*	Required*	Not Required	Required	Required
23460	Required*	Required*	Not Required	Required	Not Required
23462	Required*	Required*	Not Required	Required	Required
23465	Required*	Required*	Not Required	Required	Required
23466	Required*	Required*	Not Required	Required	Required
23470	Required*	Required*	Required	Required	Required
23472	Required*	Required*	Required	Required	Required
23473	Not Required	Not Required	Not Required	Required	Required
23474	Required*	Required*	Not Required	Required	Required
24360	Not Required	Not Required	Not Required	Required	Required
24361	Not Required	Not Required	Not Required	Required	Required
24362	Not Required	Not Required	Not Required	Required	Required
24363	Not Required	Not Required	Not Required	Required	Required
24366	Not Required	Not Required	Not Required	Required	Required
24370	Not Required	Not Required	Not Required	Required	Required
24371	Not Required	Not Required	Not Required	Required	Required
25332	Not Required	Not Required	Not Required	Required	Required
25441	Not Required	Not Required	Not Required	Required	Required
25442	Not Required	Not Required	Not Required	Required	Required
25443	Not Required	Not Required	Not Required	Required	Required
25444	Not Required	Not Required	Not Required	Required	Required
25445	Not Required	Not Required	Not Required	Required	Required
25446	Not Required	Not Required	Not Required	Required	Required
25447	Not Required	Not Required	Not Required	Not Required	Required
25449	Not Required	Not Required	Not Required	Required	Required
26530	Not Required	Not Required	Not Required	Required	Required
26531	Not Required	Not Required	Not Required	Required	Required
26535	Not Required	Not Required	Not Required	Required	Required
26536	Not Required	Not Required	Not Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
27125	Required*	Required*	Not Required	Required	Required
27130	Required*	Required*	Required	Required	Required
27132	Required*	Required*	Required	Required	Required
27134	Required*	Required*	Not Required	Required	Required
27137	Required*	Required*	Not Required	Required	Required
27138	Required*	Required*	Not Required	Required	Required
27332	Required*	Required*	Not Required	Required	Required
27333	Required*	Required*	Not Required	Required	Required
27334	Required*	Required*	Not Required	Required	Required
27335	Required*	Required*	Not Required	Required	Required
27403	Required*	Required*	Not Required	Required	Required
27412	Required*	Required*	Not Required	Required	Required
27415	Required*	Required*	Not Required	Required	Required
27416	Required*	Required*	Not Required	Required	Required
27418	Required*	Required*	Not Required	Required	Required
27420	Required*	Required*	Not Required	Required	Required
27422	Required*	Required*	Not Required	Required	Required
27424	Required*	Required*	Not Required	Required	Required
27425	Required*	Required*	Not Required	Required	Required
27427	Required*	Required*	Required	Required	Required
27428	Required*	Required*	Not Required	Required	Required
27429	Required*	Required*	Not Required	Required	Required
27430	Required*	Required*	Not Required	Required	Required
27437	Not Required	Not Required	Not Required	Required	Required
27438	Required*	Required*	Not Required	Required	Required
27440	Required*	Required*	Not Required	Required	Required
27441	Required*	Required*	Not Required	Required	Required
27442	Required*	Required*	Not Required	Required	Required
27443	Required*	Required*	Not Required	Required	Required
27445	Not Required	Not Required	Not Required	Required	Required
27446	Required*	Required*	Required	Required	Required
27447	Required*	Required*	Required	Required	Required
27486	Required*	Required*	Not Required	Required	Required
27487	Required*	Required*	Not Required	Required	Required
27702	Not Required	Not Required	Not Required	Required	Required
27703	Not Required	Not Required	Not Required	Required	Required
27704	Not Required	Not Required	Not Required	Required	Required
29800	Not Required	Required	Required	Not Required	Not Required
29804	Not Required	Required	Required	Required	Required
29805	Required*	Required*	Not Required	Required	Required
29806	Required*	Required*	Not Required	Required	Required
29807	Required*	Required*	Not Required	Required	Required
29819	Required*	Required*	Not Required	Required	Required
29820	Required*	Required*	Not Required	Required	Required
29821	Required*	Required*	Not Required	Required	Required
29822	Required*	Required*	Not Required	Required	Required
29823	Required*	Required*	Not Required	Required	Required
29824	Required*	Required*	Not Required	Required	Required
29825	Required*	Required*	Not Required	Required	Required
29826	Required*	Required*	Not Required	Required	Required
29827	Required*	Required*	Not Required	Required	Required
29828	Required*	Required*	Not Required	Required	Required
29860	Required*	Required*	Not Required	Required	Required
29861	Required*	Required*	Not Required	Required	Required
29862	Required*	Required*	Not Required	Required	Required
29863	Required*	Required*	Not Required	Required	Required
29866	Required*	Required*	Not Required	Required	Required
29867	Required*	Required*	Not Required	Required	Required
29868	Required*	Required*	Required	Required	Required
29870	Required*	Required*	Not Required	Required	Required
29871	Required*	Required*	Not Required	Required	Required
29873	Required*	Required*	Not Required	Required	Required
29874	Required*	Required*	Not Required	Required	Required
29875	Required*	Required*	Not Required	Required	Required
29876	Required*	Required*	Not Required	Not Required	Not Required
29877	Required*	Required*	Not Required	Required	Required
29879	Required*	Required*	Not Required	Not Required	Not Required
29880	Required*	Required*	Not Required	Required	Required
29881	Required*	Required*	Not Required	Required	Required
29882	Required*	Required*	Not Required	Not Required	Not Required
29883	Required*	Required*	Not Required	Not Required	Not Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
29884	Required*	Required*	Not Required	Not Required	Not Required
29885	Required*	Required*	Not Required	Not Required	Not Required
29886	Required*	Required*	Not Required	Not Required	Not Required
29887	Required*	Required*	Not Required	Not Required	Not Required
29888	Required*	Required*	Not Required	Required	Required
29889	Required*	Required*	Not Required	Not Required	Not Required
29914	Required*	Required*	Not Required	Not Required	Not Required
29915	Required*	Required*	Not Required	Not Required	Not Required
29916	Required*	Required*	Not Required	Not Required	Not Required
S2118	Required*	Required*	Not Required	Not Required	Not Required
Knee Braces, Custom only	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Kyphoplasty	*** Please refer to Evicore.**				
22513	Required*	Required*	Required	Required	Required
22514	Required*	Required*	Not Required	Required	Required
22515	Required*	Required*	Not Required	Required	Required
Laboratory					
0097U	Not Required	Required	Required	Required	Required
88120	Required	Required	Required	Required	Required
88121	Required	Required	Required	Required	Required
Laminectomy	*** Please refer to Evicore.**				
22206	Required	Required	Required	Required	Required
63001	Required*	Required*	Required	Required	Required
63003	Required	Required	Required	Required	Required
63005	Required*	Required*	Required	Required	Required
63011	Not Required	Not Required	Not Required	Required	Required
63012	Required*	Required*	Required	Required	Required
63015	Required*	Required*	Required	Required	Required
63016	Required	Required	Required	Required	Required
63017	Required*	Required*	Required	Required	Required
63020	Required*	Required*	Required	Required	Required
63030	Required*	Required*	Required	Required	Required
63035	Required*	Required*	Not Required	Required	Required
63040	Required*	Required*	Not Required	Required	Required
63042	Required*	Required*	Not Required	Required	Required
63043	Required*	Required*	Not Required	Required	Required
63044	Required*	Required*	Not Required	Required	Required
63045	Required*	Required*	Required	Required	Required
63046	Not Required	Not Required	Not Required	Required	Required
63047	Required*	Required*	Required	Required	Required
63048	Required*	Required*	Not Required	Required	Required
63050	Required*	Required*	Required	Required	Required
63051	Required*	Required*	Not Required	Required	Required
63055	Required	Required	Required	Required	Required
63056	Required*	Required*	Required	Required	Required
63057	Required*	Required*	Required	Required	Required
63064	Required	Required	Required	Required	Required
63066	Not Required	Not Required	Not Required	Required	Required
63075	Required	Required	Required	Required	Required
63077	Required*	Required*	Required	Required	Required
63170	Not Required	Not Required	Not Required	Required	Required
63172	Not Required	Not Required	Not Required	Required	Required
63173	Not Required	Not Required	Not Required	Required	Required
63185	Not Required	Not Required	Not Required	Required	Required
63190	Not Required	Not Required	Not Required	Required	Required
63191	Not Required	Not Required	Not Required	Required	Required
63194	Not Required	Not Required	Not Required	Required	Required
63195	Not Required	Not Required	Not Required	Required	Required
63196	Not Required	Not Required	Not Required	Required	Required
63197	Not Required	Not Required	Not Required	Required	Required
63198	Not Required	Not Required	Not Required	Required	Required
63199	Not Required	Not Required	Not Required	Required	Required
63200	Not Required	Not Required	Not Required	Required	Required
63250	Not Required	Not Required	Not Required	Required	Required
63251	Not Required	Not Required	Not Required	Required	Required
63252	Not Required	Not Required	Not Required	Required	Required
63266	Not Required	Not Required	Not Required	Required	Required
63267	Not Required	Not Required	Not Required	Not Required	Required
63268	Not Required	Not Required	Not Required	Required	Required
63270	Not Required	Not Required	Not Required	Required	Required
63271	Not Required	Not Required	Not Required	Required	Required
63272	Not Required	Not Required	Not Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
63273	Not Required	Not Required	Not Required	Required	Required
63275	Not Required	Not Required	Not Required	Required	Required
63276	Not Required	Not Required	Not Required	Required	Required
63277	Not Required	Not Required	Not Required	Required	Required
63278	Not Required	Not Required	Not Required	Required	Required
63280	Not Required	Not Required	Not Required	Required	Required
63281	Not Required	Not Required	Not Required	Required	Required
63282	Not Required	Not Required	Not Required	Required	Required
63283	Not Required	Not Required	Not Required	Required	Required
63285	Not Required	Not Required	Not Required	Required	Required
63286	Not Required	Not Required	Not Required	Required	Required
63287	Not Required	Not Required	Not Required	Required	Required
63290	Not Required	Not Required	Not Required	Required	Required
63295	Not Required	Not Required	Not Required	Required	Required
Lithotripsy					
50590	Not Required	Not Required	Not Required	Required	Required
LVAD					
33975	Required	Required	Required	Required	Required
33976	Required	Required	Required	Required	Required
33979	Required	Required	Required	Required	Required
33990	Required	Required	Required	Required	Required
33991	Required	Required	Required	Required	Required
33992	Required	Required	Required	Required	Required
33993	Required	Required	Required	Required	Required
Maze Procedure for treatment of Atrial Fibrillation					
33254	Not Required	Not Required	Not Required	Not Required	Required
33256	Not Required	Not Required	Not Required	Not Required	Required
33257	Not Required	Not Required	Not Required	Not Required	Required
33259	Not Required	Not Required	Not Required	Not Required	Required
Medical Specialty Drug	**See the Excellus Medical Specialty Drug List for a list of medical drugs that require preauthorization**				
This list is updated frequently as new drugs are introduced to the market.	Required	Required	Required	Required	Required
Miscellaneous and Unlisted codes					
0345T	Required	Required	Required	Required	Required For CHP Only
33418	Required	Required	Required	Required	Required
33419	Required	Required	Required	Required	Required
37215	Required	Not Required	Not Required	Not Required	Not Required
52441	Required	Required	Required	Not Required	Not Required
52442	Required	Required	Required	Not Required	Not Required
53854	Required	Required	Required	Required	Required (For CHP only)
74740	Not Required	Not Required	Not Required	Required	Required
76497	Required	Required	Required	Required	Required
A6512	Required	Required	Required	Required	Required
A6549	Not Required	Not Required	Not Required	Required	Required
A9900	Required	Required	Required	Required	Required
A9999	Required	Required	Required	Required	Required
B9999	Required	Required	Required	Required	Not Required
E1399	Required	Required	Required	Required	Required
J7402	Required	Required	Required	Required	Required (For CHP only)
K0898	Required	Required	Required	Required	Required
K0899	Required	Required	Required	Required	Required
L1499	Required	Required	Required	Required	Required
L2999	Required	Required	Required	Required	Required
L3649	Required	Required	Required	Required	Not Required
L3999	Required	Required	Required	Required	Required
S1091	Not Required	Required	Required	Required	Required (For CHP only)
T1999	Required	Required	Required	Required	Required
T2029	Not Required	Not Required	Not Required	Not Required	Required
T5999	Required	Required	Required	Required	Required
Muscle Flap Procedures					
15736	Not Required	Not Required	Not Required	Not Required	Required
15738	Not Required	Not Required	Not Required	Not Required	Required
15829	Not Required	Not Required	Not Required	Not Required	Required
Neurostimulator Procedures					
64580	Not Required	Not Required	Not Required	Not Required	Required
64581	Required	Required	Required	Required	Required
C1767	Not Required	Not Required	Not Required	Required	Required (For CHP only)
C1820	Not Required	Not Required	Not Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
Neurostimulator and Neuromuscular Stimulation for Scoliosis and Electrical Shock Units	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
0424T	Required	Required	Required	Required	Not Required
0425T	Required	Required	Required	Required	Required
0426T	Required	Required	Required	Required	Required
0427T	Required	Required	Required	Required	Not Required
0428T	Required	Required	Required	Required	Not Required
0429T	Required	Required	Required	Required	Not Required
0430T	Required	Required	Required	Required	Not Required
0431T	Required	Required	Required	Required	Not Required
0432T	Required	Required	Required	Required	Not Required
0433T	Required	Required	Required	Required	Required
0434T	Required	Required	Required	Required	Not Required
0435T	Required	Required	Required	Required	Not Required
0436T	Required	Required	Required	Required	Not Required
Neuropsychological Testing					
96116	Not Required	Not Required	Not Required	Not Required	Required
96121	Not Required	Not Required	Not Required	Not Required	Required
96132	Required	Required	Required	Required	Required
96133	Not Required	Not Required	Not Required	Not Required	Required
Occupational Therapy					
97168	Required	Required	Required	Required	Required (Medicaid and HARP only)
97535	Required	Required	Required	Required	Required (Medicaid and HARP only)
97542	Required	Required	Required	Required	Required (Medicaid and HARP only)
G0129	Required	Required	Required	Required	Not Required
Orthopedic / Orthotic Devices Per Product Requirements	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Osteochondral Bone Graft					
28446	Not Required	Not Required	Not Required	Not Required	Required
Otoplasty					
69300	Required	Required	Required	Required	Required
Pain Management Services			*** Please refer to Evicore.**		
0213T	Required*	Required*	Not Required	Not Required	Not Required
0214T	Required*	Required*	Not Required	Not Required	Not Required
0215T	Required*	Required*	Not Required	Not Required	Not Required
0216T	Required*	Required*	Required	Not Required	Not Required
0217T	Required*	Required*	Not Required	Not Required	Not Required
0218T	Required*	Required*	Not Required	Not Required	Not Required
0627T	Required*	Required*	Required	Required	Required (For CHP only)
0628T	Required*	Required*	Required	Required	Required (For CHP only)
0629T	Required*	Required*	Required	Required	Required (For CHP only)
0630T	Required*	Required*	Required	Required	Required (For CHP only)
27096	Required*	Required*	Not Required	Required	Required
62263	Required*	Required*	Required	Required	Required
62264	Required*	Required*	Required	Required	Required
62280	Required*	Required*	Not Required	Required	Required
62281	Required*	Required*	Not Required	Required	Required
62282	Required*	Required*	Not Required	Required	Required
62287	Required*	Required*	Required	Required	Required
62320	Required*	Required*	Not Required	Required	Required
62321	Required*	Required*	Not Required	Required	Required
62322	Required*	Required*	Not Required	Not Required	Not Required
62323	Required*	Required*	Not Required	Not Required	Not Required
62324	Required*	Required*	Not Required	Not Required	Not Required
62325	Required*	Required*	Not Required	Not Required	Not Required
62326	Required*	Required*	Not Required	Not Required	Not Required
62327	Required*	Required*	Not Required	Not Required	Not Required
62350	Required*	Required*	Not Required	Required	Required
62351	Required*	Required*	Not Required	Required	Required
62355	Not Required	Not Required	Not Required	Required	Required
62360	Required*	Required*	Not Required	Required	Required
62361	Required*	Required*	Not Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
62362	Required*	Required*	Not Required	Required	Required
62365	Not Required	Not Required	Not Required	Required	Required
62367	Not Required	Not Required	Not Required	Required	Required
62368	Not Required	Not Required	Not Required	Required	Required
62369	Not Required	Not Required	Not Required	Required	Required
62370	Not Required	Not Required	Not Required	Not Required	Required
64451	Required*	Required*	Required	Required	Required
64479	Required*	Required*	Not Required	Not Required	Not Required
64480	Required*	Required*	Not Required	Not Required	Not Required
64483	Required*	Required*	Not Required	Not Required	Not Required
64484	Required*	Required*	Not Required	Not Required	Not Required
64490	Required*	Required*	Not Required	Not Required	Not Required
64491	Required*	Required*	Not Required	Not Required	Not Required
64492	Required*	Required*	Not Required	Not Required	Not Required
64493	Required*	Required*	Not Required	Not Required	Not Required
64494	Required*	Required*	Not Required	Not Required	Not Required
64495	Required*	Required*	Not Required	Not Required	Not Required
64510	Required*	Required*	Not Required	Not Required	Not Required
64520	Required*	Required*	Not Required	Not Required	Not Required
64625	Required*	Required*	Required	Required	Required
64555	Not Required	Not Required	Not Required	Required	Required
64633	Required*	Required*	Not Required	Not Required	Not Required
64634	Required*	Required*	Not Required	Not Required	Not Required
64635	Required*	Required*	Not Required	Not Required	Not Required
64636	Required*	Required*	Not Required	Not Required	Not Required
64640	Not Required	Not Required	Not Required	Required	Required
G0260	Required*	Required*	Not Required	Not Required	Not Required
Palatopharyngoplasty Uvulopalatopharyngoplasty					
42145	Required	Required	Required	Required	Required
S2080	Required	Required	Required	Required	Required
Palliative Care for Children's HCBS Services					
90832	Not Required	Not Required	Not Required	Not Required	Required (For Medicaid only)
96159	Not Required	Not Required	Not Required	Not Required	Required (For Medicaid only)
99347	Not Required	Not Required	Not Required	Not Required	Required (For Medicaid only)
Pelvic Radiology					
55880	Required	Required	Required	Required	Required (For CHP Only)
C9734	Not Required	Not Required	Not Required	Not Required	Required
Physical Therapy					
97010	Required	Required	Required	Required	Not Required
97012	Required	Required	Required	Required	Not Required
97014	Required	Required	Required	Required	Not Required
97016	Required	Required	Required	Required	Not Required
97018	Required	Required	Required	Required	Not Required
97022	Required	Required	Required	Required	Not Required
97024	Required	Required	Required	Required	Not Required
97026	Required	Required	Required	Required	Not Required
97028	Required	Required	Required	Required	Not Required
97032	Required	Required	Required	Required	Not Required
97033	Required	Required	Required	Required	Not Required
97034	Required	Required	Required	Required	Not Required
97035	Required	Required	Required	Required	Not Required
97036	Required	Required	Required	Required	Not Required
97110	Required	Required	Required	Required	Not Required
97112	Required	Required	Required	Required	Not Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
97113	Required	Required	Required	Required	Not Required
97116	Required	Required	Required	Required	Not Required
97124	Required	Required	Required	Required	Not Required for PT AND Required for Palliative Care for Childrens HCBS Services for Medicaid only.
97140	Required	Required	Required	Required	Not Required
97150	Required	Required	Required	Required	Not Required
97164	Required	Required	Required	Required	Not Required
97530	Required	Required	Required	Required	Not Required
97750	Required	Required	Required	Required	Not Required
97760	Required	Required	Required	Required	Not Required
97761	Required	Required	Required	Required	Not Required
97763	Required	Required	Required	Required	Not Required
G0283	Required	Required	Required	Required	Not Required
Plasmapheresis, Plasma Exchange & Aperesis					
0342T	Not Required	Not Required	Not Required	Not Required	Required (For CHP Only)
S2120	Not Required	Not Required	Not Required	Not Required	Required (For CHP Only)
Platelet Rich Plasma for Wound Healing					
G0460	Required	Required	Required	Required	Not Required
P9020	Required	Required	Required	Required	Not Required
0232T	Required	Required	Required	Required	Not Required
Pneumatic Compressors Non-Segmental Home Models	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Posturograph					
92548	Required	Required	Required	Required	Not Required
Prolotherapy	*** Please refer to Evicore.**				
M0076	Required*	Required*	Required	Required	Required
Prosthetics Devices	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Psychological OR Neuropsychological					
96136	Not Required	Not Required	Not Required	Not Required	Required
96137	Not Required	Not Required	Not Required	Not Required	Required
96138	Not Required	Not Required	Not Required	Not Required	Required
96139	Not Required	Not Required	Not Required	Not Required	Required
96146	Not Required	Not Required	Not Required	Not Required	Required
Radiofrequency Tumor Ablation					
0404T	Required	Required	Required	Required	Required
20982	Required	Required	Required	Required	Not Required
32998	Not Required	Not Required	Not Required	Not Required	Required
58674	Required	Required	Required	Required	Required
Refractive Procedures					
65760	Required	Required	Required	Required	Required
65765	Required	Required	Required	Required	Required
65767	Required	Required	Required	Required	Required
65771	Required	Required	Required	Required	Required
65785	Required	Required	Required	Required	Not Required
S0596	Required	Required	Required	Required	Required
S0800	Required	Required	Required	Required	Required
S0810	Required	Required	Required	Required	Required
V2787	Required	Required	Required	Required	Required
V2788	Required	Required	Not Required	Not Required	Not Required
Renal Tumor Ablation					
50593	Not Required	Not Required	Not Required	Not Required	Required
Rhinoplasty/Septoplasty					
30400	Required	Required	Required	Required	Required
30410	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
30420	Required	Required	Required	Required	Required
30430	Required	Required	Required	Required	Required
30435	Required	Required	Required	Required	Required
30450	Required	Required	Required	Required	Required
30460	Required	Required	Required	Required	Required
30462	Required	Required	Required	Required	Required
30465	Required	Required	Required	Required	Required
30520	Required	Required	Required	Required	Required
Sacral Nerve Stimulation	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
64561	Required	Required	Required	Required	Required
64590	Required	Required	Required	Required	Required
64595	Not Required	Not Required	Not Required	Not Required	Required
Sexual Re-assignment Surgery					
55970	Required	Required	Required	Required	Not Required
55980	Required	Required	Required	Required	Not Required
56805	Required	Required	Required	Required	Required
J9225	Required	Required	Required	Required	Required
J9226	Required	Required	Required	Required	Required
Skin Substitutes					
C5273	Not Required	Not Required	Not Required	Not Required	Required
C5277	Not Required	Not Required	Not Required	Not Required	Required
C9354	Not Required	Not Required	Not Required	Not Required	Required
C9356	Not Required	Not Required	Not Required	Not Required	Required
C9358	Not Required	Not Required	Not Required	Not Required	Required
C9360	Not Required	Not Required	Not Required	Not Required	Required
C9363	Not Required	Not Required	Not Required	Not Required	Required
C9364	Not Required	Not Required	Not Required	Not Required	Required
Q2026	Not Required	Not Required	Not Required	Not Required	Required
Q4101	Not Required	Not Required	Not Required	Not Required	Required
Q4104	Required	Required	Required	Required	Required
Q4105	Not Required	Not Required	Not Required	Not Required	Required
Q4106	Not Required	Not Required	Not Required	Not Required	Required
Q4108	Not Required	Not Required	Not Required	Not Required	Required
Q4110	Not Required	Not Required	Not Required	Not Required	Required
Q4111	Required	Required	Required	Required	Not Required
Q4112	Not Required	Not Required	Not Required	Not Required	Required
Q4113	Required	Required	Required	Required	Required
Q4114	Not Required	Not Required	Not Required	Not Required	Required
Q4115	Not Required	Not Required	Not Required	Not Required	Required
Q4116	Not Required	Not Required	Not Required	Not Required	Required
Q4117	Required	Required	Required	Required	Required
Q4118	Required	Required	Required	Required	Required
Q4121	Required	Required	Required	Required	Required
Q4122	Not Required	Not Required	Not Required	Required	Required
Q4123	Required	Required	Required	Required	Required
Q4124	Not Required	Not Required	Not Required	Required	Required
Q4125	Required	Required	Required	Required	Required
Q4126	Required	Required	Required	Required	Required
Q4127	Required	Required	Required	Required	Required
Q4128	Not Required	Not Required	Not Required	Not Required	Required (For CHP Only)
Q4130	Not Required	Not Required	Not Required	Required	Required
Q4132	Required	Required	Required	Required	Required
Q4133	Required	Required	Required	Required	Required
Q4135	Required	Required	Required	Required	Required
Q4136	Required	Required	Required	Required	Required
Q4137	Required	Required	Required	Required	Required
Q4138	Required	Required	Required	Required	Required
Q4139	Required	Required	Required	Required	Required
Q4140	Required	Required	Required	Required	Required
Q4141	Required	Required	Required	Required	Required
Q4142	Required	Required	Required	Required	Required
Q4143	Required	Required	Required	Required	Required
Q4145	Required	Required	Required	Required	Required
Q4146	Required	Required	Required	Required	Required
Q4147	Required	Required	Required	Required	Required
Q4148	Required	Required	Required	Required	Required
Q4149	Required	Required	Required	Required	Required
Q4150	Required	Required	Required	Required	Required
Q4151	Required	Required	Required	Required	Required
Q4152	Required	Required	Required	Required	Required
Q4153	Required	Required	Required	Required	Required
Q4154	Required	Required	Required	Required	Required
Q4155	Required	Required	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
Q4156	Required	Required	Required	Required	Required
Q4157	Required	Required	Required	Required	Required
Q4158	Required	Required	Required	Required	Required
Q4159	Not Required	Required	Required	Required	Required (For CHP Only)
Q4165	Required	Required	Required	Required	Required
Q4166	Required	Required	Required	Required	Required
Q4167	Required	Required	Required	Required	Required
Q4168	Not Required	Not Required	Not Required	Not Required	Required
Q4169	Required	Required	Required	Required	Required
Q4170	Required	Required	Required	Required	Required
Q4171	Required	Required	Required	Required	Required
Q4173	Required	Required	Required	Required	Required
Q4174	Required	Required	Required	Required	Required
Q4175	Required	Required	Required	Required	Required
Q4196	Not Required	Required	Required	Required	Required (For CHP only)
Sleep Diagnostic Sleep Studies and Monitoring					
94660	Required	Required	Required	Required	Required
95782	Required	Required	Required	Required	Required
95783	Required	Required	Required	Required	Required
95803	Required	Required	Required	Required	Required
95805	Required	Required	Required	Required	Required
95807	Required	Required	Required	Required	Required
95808	Required	Required	Required	Required	Required
95810	Required	Required	Required	Required	Required
95811	Required	Required	Required	Required	Required
Sleep-PAP Equipment	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
E0470	Required	Required	Required	Required	Required
E0471	Required	Required	Required	Required	Required
E0561	Not Required	Not Required	Not Required	Not Required	Required (For Medicaid & HARP Only)
E0562	Not Required	Not Required	Not Required	Not Required	Required
E0601	Required	Required	Required	Required	Required
Speech Generating Devices	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Speech Therapy					
92507	Required	Required	Required	Required	Required(Medicaid and HARP only)
92508	Required	Required	Required	Required	Required (Medicaid and HARP only)
92526	Required	Required	Required	Required	Required (Medicaid and HARP only)
S9152	Required	Required	Required	Required	Required (Medicaid and HARP only)
V5362	Not Required	Not Required	Not Required	Not Required	Required
V5363	Not Required	Not Required	Not Required	Not Required	Required
V5364	Not Required	Not Required	Not Required	Not Required	Required
Spinal Cord Stimulation					
63650	Required*	Required*	Required	Required	Required
63655	Required*	Required*	Required	Required	Required
63685	Required*	Required*	Required	Not Required	Not Required
Spinal Surgery			*** Please refer to Evicore.**		
0200T	Not Required	Not Required	Not Required	Required	Required
0201T	Not Required	Not Required	Not Required	Required	Required
0202T	Not Required	Not Required	Not Required	Required	Required
0219T	Not Required	Not Required	Not Required	Required	Required
0220T	Not Required	Not Required	Not Required	Required	Required
0221T	Not Required	Not Required	Not Required	Required	Required
0222T	Not Required	Not Required	Not Required	Required	Required
0274T	Required*	Required*	Required	Required	Required
0275T	Required*	Required*	Required	Required	Required
22101	Not Required	Not Required	Not Required	Required	Required
22102	Not Required	Not Required	Not Required	Required	Required
22103	Not Required	Not Required	Not Required	Required	Required
22110	Not Required	Not Required	Not Required	Required	Required
22112	Not Required	Not Required	Not Required	Required	Required
22114	Not Required	Not Required	Not Required	Required	Required
22116	Not Required	Not Required	Not Required	Required	Required
22207	Not Required	Not Required	Not Required	Required	Required
22208	Not Required	Not Required	Not Required	Required	Required
22210	Not Required	Not Required	Not Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
22212	Not Required	Not Required	Not Required	Required	Required
22214	Not Required	Not Required	Not Required	Required	Required
22216	Not Required	Not Required	Not Required	Required	Required
22220	Not Required	Not Required	Not Required	Required	Required
22222	Not Required	Not Required	Not Required	Required	Required
22224	Not Required	Not Required	Not Required	Required	Required
22226	Not Required	Not Required	Not Required	Required	Required
22800	Not Required	Not Required	Not Required	Required	Required
22802	Not Required	Not Required	Not Required	Required	Required
22804	Not Required	Not Required	Not Required	Required	Required
22808	Not Required	Not Required	Not Required	Required	Required
22810	Not Required	Not Required	Not Required	Required	Required
22812	Not Required	Not Required	Not Required	Required	Required
22818	Not Required	Not Required	Not Required	Required	Required
22819	Not Required	Not Required	Not Required	Required	Required
22830	Not Required	Not Required	Not Required	Required	Required
22840	Not Required	Not Required	Not Required	Required	Required
22841	Required*	Required*	Not Required	Required	Required
22842	Required*	Required*	Not Required	Required	Required
22843	Required*	Required*	Not Required	Required	Required
22844	Required*	Required*	Not Required	Required	Required
22845	Required*	Required*	Not Required	Required	Required
22846	Required*	Required*	Not Required	Required	Required
22847	Required*	Required*	Not Required	Required	Required
22848	Required*	Required*	Not Required	Required	Required
22849	Not Required	Not Required	Not Required	Required	Required
22850	Not Required	Not Required	Not Required	Required	Required
22852	Not Required	Not Required	Not Required	Required	Required
22853	Required*	Required*	Not Required	Required	Required
22854	Required*	Required*	Not Required	Required	Required
22855	Not Required	Not Required	Not Required	Required	Required
22867	Required*	Required*	Not Required	Required	Required
22868	Required*	Required*	Not Required	Required	Required
22869	Required*	Required*	Not Required	Required	Required
22870	Required*	Required*	Not Required	Required	Required
63661	Not Required	Not Required	Not Required	Required	Required
63662	Not Required	Not Required	Not Required	Required	Required
G0276	Not Required	Not Required	Not Required	Required	Required
Stander/ Standing Device	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Surgical Management of Sleep disorders					
41512	Required	Required	Required	Required	Not Required
T.E.N.S. Units	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Tonsillectomy and Adenoidectomy					
42820	Not Required	Not Required	Not Required	Not Required	Required
42821	Not Required	Not Required	Not Required	Not Required	Required
42825	Not Required	Not Required	Not Required	Not Required	Required
42826	Not Required	Not Required	Not Required	Not Required	Required
42830	Not Required	Not Required	Not Required	Not Required	Required
42831	Not Required	Not Required	Not Required	Not Required	Required
42835	Not Required	Not Required	Not Required	Not Required	Required
42836	Not Required	Not Required	Not Required	Not Required	Required
Traction Devices; Pneumatic	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Transplants					
32850	Not Required	Not Required	Not Required	Not Required	Required
32851	Required	Required	Required	Required	Required
32852	Required	Required	Required	Required	Required
32853	Required	Required	Required	Required	Required
32854	Required	Required	Required	Required	Required
32855	Required	Required	Required	Required	Required
32856	Required	Required	Required	Required	Required
33406	Not Required	Not Required	Not Required	Not Required	Required
33410	Not Required	Not Required	Not Required	Not Required	Required
33411	Not Required	Not Required	Not Required	Not Required	Required
33412	Not Required	Not Required	Not Required	Not Required	Required
33413	Not Required	Not Required	Not Required	Not Required	Required
33930	Not Required	Not Required	Not Required	Not Required	Required
33933	Required	Required	Required	Required	Required
33935	Required	Required	Required	Required	Required
33940	Not Required	Not Required	Not Required	Not Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
33944	Required	Required	Required	Required	Required
33945	Required	Required	Required	Required	Required
36522	Required	Required	Required	Not Required	Not Required
38204	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38205	Required	Required	Required	Required	Required
38206	Required	Required	Required	Required	Required
38207	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38208	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38209	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38210	Required	Required	Required	Required	Required
38211	Required	Required	Required	Required	Required
38212	Required	Required	Required	Required	Required
38213	Required	Required	Required	Required	Required
38214	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38215	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
38220	Not Required	Not Required	Not Required	Not Required	Required
38221	Not Required	Not Required	Not Required	Not Required	Required
38230	Required	Required	Required	Required	Required
38232	Required	Required	Required	Required	Required
38240	Required	Required	Required	Required	Required
38241	Required	Required	Required	Required	Required
38242	Not Required	Not Required	Not Required	Not Required	Required
38243	Not Required	Not Required	Not Required	Not Required	Required
44132	Not Required	Not Required	Not Required	Not Required	Required (For CHP only)
44133	Required	Required	Required	Required	Required
44135	Required	Required	Required	Required	Required
44136	Required	Required	Required	Required	Required
44137	Not Required	Not Required	Not Required	Not Required	Required
44715	Not Required	Not Required	Not Required	Not Required	Required
44720	Not Required	Not Required	Not Required	Not Required	Required
44721	Not Required	Not Required	Not Required	Not Required	Required
47133	Not Required	Not Required	Not Required	Not Required	Required
47135	Required	Required	Required	Required	Required
47140	Not Required	Not Required	Not Required	Not Required	Required
47141	Not Required	Not Required	Not Required	Not Required	Required
47142	Not Required	Not Required	Not Required	Not Required	Required
48160	Required	Required	Required	Required	Required
48550	Not Required	Not Required	Not Required	Not Required	Required
48551	Not Required	Not Required	Not Required	Not Required	Required
48552	Required	Required	Required	Required	Required
48554	Required	Required	Required	Required	Required
48556	Required	Required	Required	Required	Required
50320	Required	Required	Required	Required	Required
50300	Not Required	Not Required	Not Required	Not Required	Required
50323	Required	Required	Required	Required	Required
50325	Not Required	Not Required	Not Required	Not Required	Required
50327	Required	Required	Required	Required	Required
50328	Not Required	Not Required	Not Required	Not Required	Required
50329	Not Required	Not Required	Not Required	Not Required	Required
50340	Required	Required	Required	Required	Required
50360	Required	Required	Required	Required	Required
50365	Required	Required	Required	Required	Required
50370	Required	Required	Required	Required	Required
50547	Not Required	Not Required	Not Required	Not Required	Required
50548	Not Required	Not Required	Not Required	Not Required	Required
54680	Not Required	Not Required	Not Required	Not Required	Required
0263T	Not Required	Not Required	Not Required	Not Required	Required
0264T	Not Required	Not Required	Not Required	Not Required	Required
0265T	Not Required	Not Required	Not Required	Not Required	Required
G0341	Required	Required	Required	Required	Required
G0342	Required	Required	Required	Required	Required
G0343	Required	Required	Required	Required	Required
J7330	Not Required	Not Required	Not Required	Not Required	Required
S2053	Required	Required	Required	Required	Required
S2054	Required	Required	Required	Required	Required
S2055	Not Required	Not Required	Not Required	Not Required	Required
S2060	Not Required	Not Required	Not Required	Not Required	Required
S2061	Not Required	Not Required	Not Required	Not Required	Required
S2065	Required	Required	Required	Required	Required
S2102	Not Required	Not Required	Not Required	Not Required	Required
S2103	Not Required	Not Required	Not Required	Not Required	Required
S2140	Not Required	Not Required	Not Required	Not Required	Required
S2142	Not Required	Not Required	Not Required	Not Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
S2150	Required	Required	Required	Required	Required
S2152	Required	Required	Required	Required	Required
Transcatheter aortic valve replacement (TAVR/TAVI)					
33361	Required	Required	Required	Required	Not Required
33362	Required	Required	Required	Required	Not Required
33363	Required	Required	Required	Required	Not Required
33364	Required	Required	Required	Required	Not Required
33365	Required	Required	Required	Required	Not Required
33366	Required	Required	Required	Required	Not Required
33367	Required	Required	Required	Required	Not Required
33368	Required	Required	Required	Required	Not Required
33369	Required	Required	Required	Required	Not Required
33477	Required	Required	Required	Required	Not Required
Transportation					
A0080	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0090	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0100	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0120	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0130	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0180	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0190	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0200	Not Covered	Not Covered	Not Covered	Not Covered	Required
A0210	Not Covered	Not Covered	Not Covered	Not Covered	Required
R0070	Not Covered	Not Covered	Not Covered	Not Covered	Required
R0075	Not Covered	Not Covered	Not Covered	Not Covered	Required
R0076	Not Covered	Not Covered	Not Covered	Not Covered	Required
S0207	Not Covered	Not Covered	Not Covered	Not Covered	Required
S0208	Not Covered	Not Covered	Not Covered	Not Covered	Required
S0209	Not Covered	Not Covered	Not Covered	Not Covered	Required
S0215	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2001	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2002	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2003	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2004	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2005	Not Covered	Not Covered	Not Covered	Not Covered	Required
T2049	Not Covered	Not Covered	Not Covered	Not Covered	Required
Nerve Stimulation					
64568	Required	Required	Required	Required	Required
Seat Lift Device	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
Varicose Vein Treatments (includes Ligation, Sclerosing and Laser Procedures)					
36468	Not Required	Not Required	Not Required	Not Required	Required
36470	Not Required	Not Required	Not Required	Not Required	Required
36471	Not Required	Not Required	Not Required	Not Required	Required
36473	Required	Required	Required	Required	Required
36474	Required	Required	Required	Required	Required
36475	Not Required	Not Required	Not Required	Required	Required
36476	Not Required	Not Required	Not Required	Not Required	Required
36478	Not Required	Not Required	Not Required	Not Required	Required
36479	Not Required	Not Required	Not Required	Not Required	Required
36482	Required	Required	Required	Required	Required
36483	Required	Required	Required	Required	Required
37241	Required	Required	Required	Required	Required
37500	Not Required	Not Required	Not Required	Not Required	Required
37700	Not Required	Not Required	Not Required	Not Required	Required
37718	Not Required	Not Required	Not Required	Not Required	Required
37722	Not Required	Not Required	Not Required	Not Required	Required
37735	Not Required	Not Required	Not Required	Not Required	Required
37760	Not Required	Not Required	Not Required	Not Required	Required
37761	Not Required	Not Required	Not Required	Not Required	Required
37765	Not Required	Not Required	Not Required	Not Required	Required
37766	Not Required	Not Required	Not Required	Not Required	Required
37780	Not Required	Not Required	Not Required	Not Required	Required
37785	Not Required	Not Required	Not Required	Not Required	Required
S2202	Not Required	Not Required	Not Required	Not Required	Required
Vertebral Corpectomy	*** Please refer to Evicore.**				
63081	Required*	Required*	Required	Required	Required

	Medicare Managed Care	Commercial Traditional indemnity, HMO, PPO, Healthy NY, EPO and POS	Commercial-Self Funded	Essential Plan	Managed Safety Net Programs, includes, Medicaid Managed Care, HARP, and CHP
63082	Required*	Required*	Required	Required	Required
63085	Not Required	Not Required	Not Required	Required	Required
63086	Not Required	Not Required	Not Required	Required	Required
63087	Not Required	Not Required	Not Required	Required	Required
63088	Not Required	Not Required	Not Required	Required	Required
63090	Not Required	Not Required	Not Required	Required	Required
63091	Not Required	Not Required	Not Required	Required	Required
63300	Not Required	Not Required	Not Required	Required	Required
63301	Not Required	Not Required	Not Required	Required	Required
63302	Not Required	Not Required	Not Required	Required	Required
63303	Not Required	Not Required	Not Required	Required	Required
63304	Not Required	Not Required	Not Required	Required	Required
63305	Not Required	Not Required	Not Required	Required	Required
63306	Not Required	Not Required	Not Required	Required	Required
63307	Not Required	Not Required	Not Required	Required	Required
63308	Not Required	Not Required	Not Required	Required	Required
Vertebroplasty; Percutaneous	*** Please refer to Evicore.**				
22510	Required*	Required*	Required	Required	Required
22511	Required*	Required*	Required	Required	Required
22512	Required*	Required*	Required	Required	Required
22513	Required*	Required*	Required	Required	Required
Vision Services Safety Net Only; includes eyewear					
92310	Not Required	Not Required	Not Required	Required	Required
92311	Not Required	Not Required	Not Required	Required	Required
92312	Not Required	Not Required	Not Required	Required	Required
92313	Not Required	Not Required	Not Required	Required	Required
C1818	Not Required	Not Required	Not Required	Required	Required
V2121	Not Required	Not Required	Not Required	Not Required	Required
V2199	Not Required	Not Required	Not Required	Not Required	Required
V2299	Not Required	Not Required	Not Required	Not Required	Required
V2399	Not Required	Not Required	Not Required	Not Required	Required
V2499	Not Required	Not Required	Not Required	Not Required	Required
V2627	Not Required	Not Required	Not Required	Not Required	Required
V2700	Not Required	Not Required	Not Required	Not Required	Required
V2799	Not Required	Not Required	Not Required	Not Required	Required
Vulvectomy					
56620	Required	Required	Required	Required	Not Required
56625	Required	Required	Required	Required	Not Required
Wound Vac	**See Durable Medical Equipment / Orthotic and Prosthetic Device List for associated codes**				
97605	Not Required	Not Required	Not Required	Not Required	Required
97606	Not Required	Not Required	Not Required	Not Required	Required
97607	Not Required	Not Required	Not Required	Not Required	Required
97608	Not Required	Not Required	Not Required	Not Required	Required
Selective Internal Radiation Therapy (SIRT)					
55874	Required	Required	Required	Required	Required

This list is not inclusive of all insurance products and procedures requiring preauthorization. Please verify specific coverage requirements before rendering