



The following services require clinical review pre-authorization for Commercial, Self-Funded, Medicare and State

Code Changes Are Highlighted In Grey

IMPORTANT

This list represents those services that require pre-authorization with a clinical medical necessity review. These services require pre-authorization regardless of place of service. To initiate pre-authorization requests,

The following services require clinical review pre-authorization for Commercial managed care products, State, Essential Plan, Medicare and Self-funded products. Coding Changes are highlighted in grey.

All codes appearing in this document may not be eligible for reimbursement to all physicians or providers due to individual procedure privileging requirements, reimbursement or Clinical policies established by Independent Health or as determined by the member's individual contract benefit language.

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Abdominoplasty						
Abdominoplasty	15847		Required	Required	Required	Required
Accidental Dental						
Accidental Dental	<i>Required after initial exam and x-rays</i>	<i>for primary diagnosis "K08.111" to "K08.119", "K08.411" to "K08.419", "K08.81", "K08.82", "S02.5XX A" to "S02.5XXS"</i>	Required	Required	Required	Required
Acne Surgery Chemical Peel						
Acne Surgery Chemical Peel	10040		Required	Required	Required	Required
Acne Surgery Chemical Peel	15788		Required	Required	Required	Required
Acne Surgery Chemical Peel	15789		Required	Required	Required	Required
Acne Surgery Chemical Peel	15792		Required	Required	Required	Required
Acne Surgery Chemical Peel	15793		Required	Required	Required	Required
Acne Surgery Chemical Peel	17340		Required	Required	Required	Required
Acne Surgery Chemical Peel	17360		Required	Required	Required	Required
Acupuncture						
Acupuncture	97810	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Acupuncture	97811	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Acupuncture	97813	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Acupuncture	97814	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Acupuncture	20560	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Acupuncture	20561	with Diagnosis code Low Back Pain	Not Covered	Not Covered	Required	Not Covered
Adult Day Health Care						
Adult Day Health Care	3109	Revenue Code	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Adult Day Health Care	S5102		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Adult Day Health Care	S5105		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Ambulance Planned Transportation						
Ambulance Planned Transportation	A0110		Required	Required	Required	Required
Ambulance Planned Transportation	A0140		Required	Required	Required	Required
Ambulance Planned Transportation	A0426		Required	Required	Required	Required
Ambulance Planned Transportation	A0428		Required	Required	Required	Required
Air Ambulance Services						
Air Ambulance Services	A0430		Required	Required	Required	Required
Air Ambulance Services	A0431		Required	Required	Required	Required
Air Ambulance Services	A0434		Required	Required	Required	Required
Air Ambulance Services	A0435		Required	Required	Required	Required
Air Ambulance Services	A0436		Required	Required	Required	Required
Artificial Disc Replacement						
Artificial Disc Replacement	22856		Required	Required	Required	Required
Artificial Disc Replacement	22858		Required	Required	Required	Required
Artificial Disc Replacement	22860		Required	Required	Required	Required
Artificial Disc Replacement	22861		Required	Required	Required	Required
Artificial Disc Replacement	22864		Required	Required	Required	Required
Artificial Disc Replacement	22865		Required	Required	Required	Required
Artificial Disc Replacement	0095T		Required	Required	Required	Required
Artificial Disc Replacement	0098T		Required	Required	Required	Required
Artificial Disc Replacement	0164T		Required	Required	Required	Required
Artificial Disc Replacement	0375T		Required	Required	Required	Required
Autologous Chondrocyte Implantation - Knee						
Autologous Chondrocyte Implantation - Knee	27412		Required	Required	Required	Not Covered
Autologous Chondrocyte Implantation - Knee	J7330		Required	Required	Required	Not Covered
Autologous Chondrocyte Implantation - Knee	S2112		Required	Required	Required	Not Covered
Bariatric						
Bariatric	43644		Required	Required	Required	Required
Bariatric	43645		Required	Required	Required	Required
Bariatric	43770		Required	Required	Required	Required
Bariatric	43771		Required	Required	Required	Required
Bariatric	43775		Required	Required	Required	Required
Bariatric	43842		Required	Required	Required	Required
Bariatric	43843		Required	Required	Required	Required
Bariatric	43845		Required	Required	Required	Required
Bariatric	43846		Required	Required	Required	Required
Bariatric	43847		Required	Required	Required	Required
Bariatric	43848		Required	Required	Required	Required
Bariatric	43860		Required	Required	Required	Required
Bariatric	43865		Required	Required	Required	Required
Bariatric	43886		Required	Required	Required	Required
Bariatric	43887		Required	Required	Required	Required
Bariatric	43888		Required	Required	Required	Required
Bariatric	0155T		Required	Required	Required	Required
Bariatric	0156T		Required	Required	Required	Required
Bariatric	0157T		Required	Required	Required	Required
Bariatric	0158T		Required	Required	Required	Required
Bariatric	C9785		Required	Required	Required	Required
Blepharoplasty						
Blepharoplasty	15820		Required	Required	Required	Required
Blepharoplasty	15821		Required	Required	Required	Required
Blepharoplasty	15822		Required	Required	Required	Required
Blepharoplasty	15823		Required	Required	Required	Required
BRCA Testing						
BRCA Testing	81215		Required	Required	Required	Required
BRCA Testing	81216		Required	Required	Required	Required
BRCA Testing	81217		Required	Required	Required	Required
BRCA Testing	81162		Required	Required	Required	Required
BRCA Testing	81163		Required	Required	Required	Required
BRCA Testing	81164		Required	Required	Required	Required
BRCA Testing	81165		Required	Required	Required	Required
BRCA Testing	81166		Required	Required	Required	Required
BRCA Testing	81167		Required	Required	Required	Required
Breast Reconstruction						
Breast Reconstruction	11920	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	11921	and not cancer diagnosis	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Breast Reconstruction	11922	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	15771	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	15772	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19324	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19325	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19328	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19330	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19340	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19342	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19350	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19355	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19357	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19361	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19364	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19366	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19367	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19368	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19369	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19370	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19371	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19380	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	19396	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	S2066	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	S2067	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	S2068	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	C1789	and not cancer diagnosis	Required	Required	Required	Required
Breast Reconstruction	L8600	and not cancer diagnosis	Required	Required	Required	Required
Breast Reduction						
Breast Reduction	19318		Required	Required	Required	Required
Breast Specific Gamma Imaging						
Breast Specific Gamma Imaging	S8080		Required	Required	Required	Required
Brow Ptosis Repair						
Brow Ptosis Repair	67900		Required	Required	Required	Required
Cardiac Ablation						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Cardiac Ablation	93650	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac Ablation	93653	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac Ablation	93654	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac Ablation	93655	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac Ablation	93656	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac Ablation	93657	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiac PET (Heart Pet Scan)						
Cardiac PET	78429	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78430	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78431	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78432	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78433	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78434	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78459	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78491	Administered through Evolent	Required	Required	Required	Required
Cardiac PET	78492	Administered through Evolent	Required	Required	Required	Required
Cardiovascular Services						
Cardiovascular Services	33289	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	33418	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36005	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36010	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36011	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36140	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Cardiovascular Services	36200	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36215	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36216	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36217	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36218	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36221	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36222	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36223	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36224	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36225	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36226	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36245	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36246	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36247	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36251	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36252	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36253	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	36254	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37191	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37197	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37215	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37217	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Cardiovascular Services	37236	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37238	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37246	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37248	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	37609	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92920	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92924	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92928	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92933	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92937	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92943	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92960	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92961	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92986	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92987	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	92997	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93451	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93452	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93453	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93454	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93455	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93456	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Cardiovascular Services	93457	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93458	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93459	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93460	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93461	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93462	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93505	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93580	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93581	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93582	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93583	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93590	Administered through Evolent	Required	Not Required	Required	Not Required
Cardiovascular Services	93591	Administered through Evolent	Required	Not Required	Required	Not Required
CCTA						
CCTA	75574	Administered through Evolent	Required	Required	Required	Required
Consumer Directed Personal Assistance Services CDPAS						
Consumer Directed Personal Assistant (per 15 minutes) Basic	T1019	Modifier U6	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Enhanced Consumer Directed Personal Assistant (per 15 minutes)*	T1019	Modifier U8	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Live-In Consumer Directed Personal Assistant (per diem)	T1020	Modifier U6	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Cervical Discectomy						
Cervical Discectomy	63075		Required	Required	Required	Required
Cervical Discectomy	63076		Required	Required	Required	Required
Cervical Fusion						
Cervical Fusion	22548		Required	Required	Required	Required
Cervical Fusion	22551		Required	Required	Required	Required
Cervical Fusion	22552		Required	Required	Required	Required
Cervical Fusion	22554		Required	Required	Required	Required
Cervical Fusion	22590		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Cervical Fusion	22595		Required	Required	Required	Required
Cervical Fusion	22600		Required	Required	Required	Required
Cervical Laminectomy						
Cervical Laminectomy	63001		Required	Required	Required	Required
Cervical Laminectomy	63040		Required	Required	Required	Required
Cervical Laminectomy	63015		Required	Required	Required	Required
Cervical Laminectomy	63020		Required	Required	Required	Required
Clinical Trials						
Clinical Trials		Z00.6	Not Required	Required	Not Required	Not Required
Collagen Implants						
Collagen Implants	11950		Required	Required	Required	Required
Collagen Implants	11951		Required	Required	Required	Required
Collagen Implants	11952		Required	Required	Required	Required
Collagen Implants	11954		Required	Required	Required	Required
CT Abdomen and Pelvis						
CT Abdomen and Pelvis	74176	Administered through Evolent	Required	Required	Required	Required
CT Abdomen and Pelvis	74177	Administered through Evolent	Required	Required	Required	Required
CT Abdomen and Pelvis	74178	Administered through Evolent	Required	Required	Required	Required
CT Abdomen and Pelvis	0722T	Administered through Evolent	Required	Required	Required	Required
CT Abdomen						
CT Abdomen	74150	Administered through Evolent	Required	Required	Required	Required
CT Abdomen	74160	Administered through Evolent	Required	Required	Required	Required
CT Abdomen	74170	Administered through Evolent	Required	Required	Required	Required
CT Abdomen	0722T	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head						
CT Angiography Head	70496	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck						
CT Angiography Head and Neck	70471	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck	70471	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck	70471	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck	70472	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck	70472	Administered through Evolent	Required	Required	Required	Required
CT Angiography Head and Neck	70472	Administered through Evolent	Required	Required	Required	Required
CT Angiography Neck						
CT Angiography Neck	70498	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Abdomen and Pelvis						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
CT Angiography, Abdomen and Pelvis	74174	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Abdomen						
CT Angiography, Abdomen	74175	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Abdominal Arteries						
CT Angiography, Abdominal Arteries	75635	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Lower Extremity						
CT Angiography, Lower Extremity	73706	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Pelvis						
CT Angiography, Pelvis	72191	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Upper Extremity						
CT Angiography, Upper Extremity	73206	Administered through Evolent	Required	Required	Required	Required
CT Angiography, Chest						
CT Angiography, Chest	71275	Administered through Evolent	Required	Required	Required	Required
CT Cerebral Perfusion Analysis						
CT Cerebral Perfusion Analysis	70473	Administered through Evolent	Required	Required	Required	Required
CT Cervical Spine						
CT Cervical Spine	72125	Administered through Evolent	Required	Required	Required	Required
CT Cervical Spine	72126	Administered through Evolent	Required	Required	Required	Required
CT Cervical Spine	72127	Administered through Evolent	Required	Required	Required	Required
CT Cervical Spine	0722T	Administered through Evolent	Required	Required	Required	Required
CT Chest						
CT Chest	71250	Administered through Evolent	Not Required	Not Required	Not Required	Not Required
CT Chest	71260	Administered through Evolent	Required	Required	Required	Required
CT Chest	0722T	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
CT Coronary Artery Ca Score						
CT Coronary Artery Ca Score	75571	Administered through Evolent	Required	Required	Required	Not Covered
CT Coronary Artery Ca Score	S8092	Administered through Evolent	Required	Required	Required	Required
CT Coronary Artery Ca Score	0722T	Administered through Evolent	Required	Required	Required	Required
CT Head/Brain						
CT Head/Brain	70450	Administered through Evolent	Required	Required	Required	Required
CT Head/Brain	70460	Administered through Evolent	Required	Required	Required	Required
CT Head/Brain	70470	Administered through Evolent	Required	Required	Required	Required
CT Head/Brain	0722T	Administered through Evolent	Required	Required	Required	Required
CT Heart congenital studies, non-coronary arteries						
CT Heart congenital studies, non-coronary arteries	75573	Administered through Evolent	Required	Required	Required	Required
CT Heart congenital studies, non-coronary arteries	0722T	Administered through Evolent	Required	Required	Required	Required
CT Heart						
CT Heart	75572	Administered through Evolent	Required	Required	Required	Required
CT Heart	0722T	Administered through Evolent	Required	Required	Required	Required
CT Lower Extremity						
CT Lower Extremity	73700	Administered through Evolent	Required	Required	Required	Required
CT Lower Extremity	73701	Administered through Evolent	Required	Required	Required	Required
CT Lower Extremity	73702	Administered through Evolent	Required	Required	Required	Required
CT Lower Extremity	0722T	Administered through Evolent	Required	Required	Required	Required
CT Lumbar Spine						
CT Lumbar Spine	72131	Administered through Evolent	Required	Required	Required	Required
CT Lumbar Spine	72132	Administered through Evolent	Required	Required	Required	Required
CT Lumbar Spine	72133	Administered through Evolent	Required	Required	Required	Required
CT Lumbar Spine	0722T	Administered through Evolent	Required	Required	Required	Required
CT Maxillofacial/Sinus						
CT Maxillofacial/Sinus	70486	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
CT Maxillofacial/Sinus	70487	Administered through Evolent	Required	Required	Required	Required
CT Maxillofacial/Sinus	70488	Administered through Evolent	Required	Required	Required	Required
CT Maxillofacial/Sinus	76380	Administered through Evolent	Required	Required	Required	Required
CT Maxillofacial/Sinus	0722T	Administered through Evolent	Required	Required	Required	Required
CT Orbit						
CT Orbit	70480	Administered through Evolent	Required	Required	Required	Required
CT Orbit	70481	Administered through Evolent	Required	Required	Required	Required
CT Orbit	70482	Administered through Evolent	Required	Required	Required	Required
CT Orbit	0722T	Administered through Evolent	Required	Required	Required	Required
CT Pelvis						
CT Pelvis	72192	Administered through Evolent	Required	Required	Required	Required
CT Pelvis	72193	Administered through Evolent	Required	Required	Required	Required
CT Pelvis	72194	Administered through Evolent	Required	Required	Required	Required
CT Pelvis	0722T	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
CT Soft Tissue Neck						
CT Soft Tissue Neck	70490	Administered through Evolent	Required	Required	Required	Required
CT Soft Tissue Neck	70491	Administered through Evolent	Required	Required	Required	Required
CT Soft Tissue Neck	70492	Administered through Evolent	Required	Required	Required	Required
CT Soft Tissue Neck	0722T	Administered through Evolent	Required	Required	Required	Required
CT Thoracic Spine						
CT Thoracic Spine	72128	Administered through Evolent	Required	Required	Required	Required
CT Thoracic Spine	72129	Administered through Evolent	Required	Required	Required	Required
CT Thoracic Spine	72130	Administered through Evolent	Required	Required	Required	Required
CT Thoracic Spine	0722T	Administered through Evolent	Required	Required	Required	Required
CT Upper Extremity						
CT Upper Extremity	73200	Administered through Evolent	Required	Required	Required	Required
CT Upper Extremity	73201	Administered through Evolent	Required	Required	Required	Required
CT Upper Extremity	73202	Administered through Evolent	Required	Required	Required	Required
CT Upper Extremity	0722T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT						
Cone Beam CT	0633T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT	0634T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT	0635T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT	0636T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT	0637T	Administered through Evolent	Required	Required	Required	Required
Cone Beam CT	0638T	Administered through Evolent	Required	Required	Required	Required
Dermabrasion						
Dermabrasion	15780		Required	Required	Required	Required
Dermabrasion	15781		Required	Required	Required	Required
Dermabrasion	15782		Required	Required	Required	Required
Dermabrasion	15783		Required	Required	Required	Required
Dermabrasion	15786		Required	Required	Required	Required
Dermabrasion	15787		Required	Required	Required	Required
Device Implantation/Electrical Cardioversion						
Device Implantation/Electrical Cardioversion	33202	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Device Implantation/Electrical Cardioversion	33230	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33231	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33233	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33234	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33235	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33236	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33237	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33240	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33241	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33243	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33244	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33249	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33262	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33263	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33264	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33270	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33271	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33272	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33273	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33274	Administered through Evolent for Medicare and Commercial	Required	Required	Required	Not Covered
Device Implantation/Electrical Cardioversion	33275	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Device Implantation/Electrical Cardioversion	33285	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	33286	Administered through Evolent	Required	Not Required	Required	Not Required
Device Implantation/Electrical Cardioversion	G0448	Administered through Evolent	Required	Not Required	Required	Not Required
Diabetic Equipment						
Diabetic Equipment	95250		Required	Required	Required	Required
Diabetic Equipment	A4239		Required	Required	Required	Not Covered
Diabetic Equipment	A9277		Required	Required	Not Covered	Not Covered
Diabetic Equipment	A9278		Required	Required	Not Covered	Not Covered
Diabetic Equipment	E2100		Required	Required	Required	Required
Diabetic Equipment	E2101		Required	Required	Required	Required
Diabetic Equipment	E2103		Required	Required	Required	Not Covered
Diabetic Equipment	S1030		Not Covered	Required	Required	Required
Diabetic Equipment	S1031		Not Covered	Required	Required	Required
Diagnostic Radiology						
Diagnostic Radiology	75625	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75630	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75710	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75716	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75726	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75736	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	75898	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Radiology	76937	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Ultrasound						
Diagnostic Ultrasound	76984	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Ultrasound	76987	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Ultrasound	76988	Administered through Evolent	Required	Not Required	Required	Not Required
Diagnostic Ultrasound	76989	Administered through Evolent	Required	Not Required	Required	Not Required
DME, Medical Supplies, Prosthetics & Appliances						
DME, Medical Supplies, Prosthetics & Appliances	0964T		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	0965T		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	0966T		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	A4544		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	A4545		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
DME, Medical Supplies, Prosthetics & Appliances	L8499		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	L8608		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	L8698		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	L8701		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	L8702		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	L9900		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	A4575		Required	Required	Required	Required
DME, Medical Supplies, Prosthetics & Appliances	Q0480		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0481		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0482		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0483		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0484		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0485		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0486		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0487		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0488		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0489		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0490		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0491		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0492		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0493		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0494		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0495		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0496		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0497		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0498		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0499		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0500		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0501		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0502		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0503		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0504		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0508		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	Q0509		Required	Required	Required	Not Covered
DME, Medical Supplies, Prosthetics & Appliances	T5999		Required	Required	Required	Required
Ear Piercing						
Ear Piercing	69090		Required	Required	Required	Required
Electrolysis						
Electrolysis	17380		Required	Required	Required	Not Required for Gender Dysphoria
Electromagnetic Therapy						
Electromagnetic Therapy	G0329		Required	Required	Required	Not Covered
Electrophysiology Studies (EPS)						
Electrophysiology Studies (EPS)	93619	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Electrophysiology Studies (EPS)	93620	Administered through Evolent	Required	Not Required	Required	Not Required
Electrophysiology Studies (EPS)	93621	Administered through Evolent	Required	Not Required	Required	Not Required
Electrophysiology Studies (EPS)	93622	Administered through Evolent	Required	Not Required	Required	Not Required
Endoscopic Thoracic Sympathectomy						
Endoscopic Thoracic Sympathectomy	32664		Required	Required	Required	Required
Erectile Dysfunction UM						
Erectile Dysfunction UM	37788		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	37790		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54400		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54401		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54405		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54408		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54410		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54411		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54416		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	54417		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	55870		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	J0270		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	J0275		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	J0775		Not Required except for Healthy NY	Not Required	Not Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Erectile Dysfunction UM	J2440		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	J2760		Not Required except for Healthy NY	Not Required	Not Required	Required
Erectile Dysfunction UM	L7900		Not Required except for Healthy NY	Not Required	Not Covered	Required
Erectile Dysfunction UM	L7902		Not Required except for Healthy NY	Not Required	Not Required	Required
Experimental/Investigational						
Experimental/Investigational	0019M		Required	Required	Required	Required
Experimental/Investigational	0002U		Required	Required	Required	Required
Experimental/Investigational	0003U		Required	Required	Required	Required
Experimental/Investigational	0007U		Required	Required	Required	Required
Experimental/Investigational	0008U		Required	Required	Required	Required
Experimental/Investigational	0009U		Required	Required	Required	Required
Experimental/Investigational	0010U		Required	Required	Required	Required
Experimental/Investigational	0011U		Required	Required	Required	Required
Experimental/Investigational	0016U		Required	Required	Required	Required
Experimental/Investigational	0017U		Required	Required	Required	Required
Experimental/Investigational	0019U		Required	Required	Required	Required
Experimental/Investigational	0020U		Required	Required	Required	Required
Experimental/Investigational	0021U		Required	Required	Required	Required
Experimental/Investigational	0022U		Required	Required	Required	Not Covered
Experimental/Investigational	0023U		Required	Required	Required	Required
Experimental/Investigational	0035U		Required	Required	Required	Required
Experimental/Investigational	0045U		Required	Required	Required	Required
Experimental/Investigational	0047U		Required	Required	Required	Not Covered
Experimental/Investigational	0048U		Required	Required	Required	Not Covered
Experimental/Investigational	0050U		Required	Required	Required	Required
Experimental/Investigational	0051U		Required	Required	Required	Required
Experimental/Investigational	0052U		Required	Required	Required	Required
Experimental/Investigational	0053U		Required	Required	Required	Required
Experimental/Investigational	0054U		Required	Required	Required	Required
Experimental/Investigational	0055U		Required	Required	Required	Required
Experimental/Investigational	0059U		Required	Required	Required	Required
Experimental/Investigational	0060U		Required	Required	Required	Required
Experimental/Investigational	0061U		Required	Required	Required	Required
Experimental/Investigational	00640		Required	Required	Required	Required
Experimental/Investigational	0108U		Required	Required	Required	Required
Experimental/Investigational	0211U		Required	Required	Required	Required
Experimental/Investigational	0235U		Required	Required	Required	Required
Experimental/Investigational	0237U		Required	Required	Required	Required
Experimental/Investigational	0238U		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	0220T		Required	Required	Required	Not Covered
Experimental/Investigational	0221T		Required	Required	Required	Not Covered
Experimental/Investigational	0222T		Required	Required	Required	Not Covered
Experimental/Investigational	0263T		Required	Required	Required	Not Covered
Experimental/Investigational	0264T		Required	Required	Required	Not Covered
Experimental/Investigational	0265T		Required	Required	Required	Not Covered
Experimental/Investigational	0274T		Required	Required	Required	Required
Experimental/Investigational	0278T		Required	Required	Required	Required
Experimental/Investigational	0290T		Required	Required	Required	Not Covered
Experimental/Investigational	0329T		Required	Required	Required	Not Covered
Experimental/Investigational	0330T		Required	Required	Required	Not Covered
Experimental/Investigational	0331T		Required	Required	Required	Required
Experimental/Investigational	0332T		Required	Required	Required	Required
Experimental/Investigational	0333T		Required	Required	Required	Required
Experimental/Investigational	0335T		Required	Required	Required	Required
Experimental/Investigational	0338T		Required	Required	Required	Required
Experimental/Investigational	0339T		Required	Required	Required	Required
Experimental/Investigational	0342T		Required	Required	Required	Required
Experimental/Investigational	0347T		Required	Required	Required	Required
Experimental/Investigational	0348T		Required	Required	Required	Required
Experimental/Investigational	0349T		Required	Required	Required	Required
Experimental/Investigational	0350T		Required	Required	Required	Required
Experimental/Investigational	0351T		Required	Required	Required	Required
Experimental/Investigational	0352T		Required	Required	Required	Required
Experimental/Investigational	0353T		Required	Required	Required	Required
Experimental/Investigational	0360U		Required	Required	Required	Required
Experimental/Investigational	0354T		Required	Required	Required	Required
Experimental/Investigational	0378T		Required	Required	Required	Required
Experimental/Investigational	0379T		Required	Required	Required	Required
Experimental/Investigational	0397T		Required	Required	Required	Required
Experimental/Investigational	0400T		Required	Required	Required	Required
Experimental/Investigational	0401T		Required	Required	Required	Required
Experimental/Investigational	0405T		Required	Required	Required	Required
Experimental/Investigational	0408T		Required	Required	Required	Not Covered
Experimental/Investigational	0409T		Required	Required	Required	Required
Experimental/Investigational	0410T		Required	Required	Required	Required
Experimental/Investigational	0411T		Required	Required	Required	Required
Experimental/Investigational	0412T		Required	Required	Required	Required
Experimental/Investigational	0413T		Required	Required	Required	Required
Experimental/Investigational	0414T		Required	Required	Required	Required
Experimental/Investigational	0415T		Required	Required	Required	Required
Experimental/Investigational	0416T		Required	Required	Required	Required
Experimental/Investigational	0417T		Required	Required	Required	Required
Experimental/Investigational	0418T		Required	Required	Required	Required
Experimental/Investigational	0419T		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	0420T		Required	Required	Required	Required
Experimental/Investigational	0422T		Required	Required	Required	Required
Experimental/Investigational	0437T		Required	Required	Required	Required
Experimental/Investigational	0439T		Required	Required	Required	Required
Experimental/Investigational	0440T		Required	Required	Required	Required
Experimental/Investigational	0441T		Required	Required	Required	Required
Experimental/Investigational	0442T		Required	Required	Required	Required
Experimental/Investigational	0443T		Required	Required	Required	Required
Experimental/Investigational	0444T		Required	Required	Required	Required
Experimental/Investigational	0445T		Required	Required	Required	Required
Experimental/Investigational	0446T		Required	Required	Required	Required
Experimental/Investigational	0447T		Required	Required	Required	Required
Experimental/Investigational	0448T		Required	Required	Required	Required
Experimental/Investigational	0464T		Required	Required	Required	Required
Experimental/Investigational	0469T		Required	Required	Required	Required
Experimental/Investigational	0472T		Required	Required	Required	Required
Experimental/Investigational	0473T		Required	Required	Required	Required
Experimental/Investigational	0474T		Required	Required	Required	Required
Experimental/Investigational	0479T		Required	Required	Required	Required
Experimental/Investigational	0480T		Required	Required	Required	Required
Experimental/Investigational	0481T		Required	Required	Required	Required
Experimental/Investigational	0483T		Required	Required	Required	Not Covered
Experimental/Investigational	0484T		Required	Required	Required	Required
Experimental/Investigational	0485T		Required	Required	Required	Required
Experimental/Investigational	0486T		Required	Required	Required	Required
Experimental/Investigational	0487T		Required	Required	Required	Required
Experimental/Investigational	0489T		Required	Required	Required	Required
Experimental/Investigational	0490T		Required	Required	Required	Required
Experimental/Investigational	0494T		Required	Required	Required	Required
Experimental/Investigational	0495T		Required	Required	Required	Required
Experimental/Investigational	0496T		Required	Required	Required	Required
Experimental/Investigational	0505T		Required	Required	Required	Required
Experimental/Investigational	0506T		Required	Required	Required	Required
Experimental/Investigational	0507T		Required	Required	Required	Required
Experimental/Investigational	0510T		Required	Required	Required	Required
Experimental/Investigational	0511T		Required	Required	Required	Required
Experimental/Investigational	0515T		Required	Required	Required	Required
Experimental/Investigational	0516T		Required	Required	Required	Required
Experimental/Investigational	0517T		Required	Required	Required	Required
Experimental/Investigational	0518T		Required	Required	Required	Required
Experimental/Investigational	0519T		Required	Required	Required	Required
Experimental/Investigational	0520T		Required	Required	Required	Required
Experimental/Investigational	0521T		Required	Required	Required	Required
Experimental/Investigational	0522T		Required	Required	Required	Required
Experimental/Investigational	0523T		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	15013		Required	Required	Required	Required
Experimental/Investigational	15014		Required	Required	Required	Required
Experimental/Investigational	15015		Required	Required	Required	Required
Experimental/Investigational	15016		Required	Required	Required	Required
Experimental/Investigational	15017		Required	Required	Required	Required
Experimental/Investigational	15018		Required	Required	Required	Required
Experimental/Investigational	22505		Required	Required	Required	Not Required
Experimental/Investigational	22526		Required	Required	Required	Required
Experimental/Investigational	22527		Required	Required	Required	Required
Experimental/Investigational	22857		Required	Required	Required	Required
Experimental/Investigational	22862		Required	Required	Required	Required
Experimental/Investigational	22867		Required	Required	Required	Not Covered
Experimental/Investigational	22868		Required	Required	Required	Not Covered
Experimental/Investigational	22869		Required	Required	Required	Not Covered
Experimental/Investigational	22870		Required	Required	Required	Not Covered
Experimental/Investigational	30117		Required	Required	Required	Not Covered
Experimental/Investigational	30469		Required	Required	Required	Not Covered
Experimental/Investigational	31660		Required	Required	Required	Required
Experimental/Investigational	31661		Required	Required	Required	Required
Experimental/Investigational	33266		Required	Required	Required	Required
Experimental/Investigational	33275		Required	Required	Required	Not Covered
Experimental/Investigational	33276		Required	Required	Required	Required
Experimental/Investigational	33277		Required	Required	Required	Required
Experimental/Investigational	33278		Required	Required	Required	Required
Experimental/Investigational	33279		Required	Required	Required	Required
Experimental/Investigational	33280		Required	Required	Required	Required
Experimental/Investigational	33281		Required	Required	Required	Required
Experimental/Investigational	33287		Required	Required	Required	Required
Experimental/Investigational	33288		Required	Required	Required	Required
Experimental/Investigational	33289		Required	Required	Not Required	Not Covered
Experimental/Investigational	36473	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Not Covered
Experimental/Investigational	36474		Required	Required	Required	Not Covered
Experimental/Investigational	43201		Required	Required	Required	Required
Experimental/Investigational	43210		Required	Required	Required	Required
Experimental/Investigational	43257		Required	Required	Required	Required
Experimental/Investigational	43284		Required	Required	Required	Required
Experimental/Investigational	43285		Required	Required	Required	Not Covered
Experimental/Investigational	43889		Required	Required	Required	Required
Experimental/Investigational	47384		Required	Required	Required	Required
Experimental/Investigational	52284		Required	Required	Required	Required
Experimental/Investigational	52443		Required	Required	Required	Required
Experimental/Investigational	52597		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	53865		Required	Required	Required	Required
Experimental/Investigational	53866		Required	Required	Required	Required
Experimental/Investigational	55877		Required	Required	Required	Required
Experimental/Investigational	58580		Required	Required	Required	Required
Experimental/Investigational	60660		Required	Required	Required	Required
Experimental/Investigational	60661		Required	Required	Required	Required
Experimental/Investigational	61715		Required	Required	Required	Required
Experimental/Investigational	62287		Required	Required	Required	Required
Experimental/Investigational	62330		Required	Required	Required	Required
Experimental/Investigational	62331		Required	Required	Required	Required
Experimental/Investigational	64567		Required	Required	Required	Required
Experimental/Investigational	64625		Required	Required	Required	Not Covered
Experimental/Investigational	64628		Required	Required	Required	Not Covered
Experimental/Investigational	64629		Required	Required	Required	Not Covered
Experimental/Investigational	64654		Required	Required	Required	Required
Experimental/Investigational	64655		Required	Required	Required	Required
Experimental/Investigational	64656		Required	Required	Required	Required
Experimental/Investigational	64657		Required	Required	Required	Required
Experimental/Investigational	64658		Required	Required	Required	Required
Experimental/Investigational	64659		Required	Required	Required	Required
Experimental/Investigational	66683		Required	Required	Required	Required
Experimental/Investigational	67516		Required	Required	Required	Required
Experimental/Investigational	75580	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Experimental/Investigational	76120		Required	Required	Required	Required
Experimental/Investigational	76125		Required	Required	Required	Required
Experimental/Investigational	76978		Required	Required	Required	Required
Experimental/Investigational	77086		Required	Required	Required	Not Covered
Experimental/Investigational	77089		Required	Required	Required	Required
Experimental/Investigational	81517		Required	Required	Required	Required
Experimental/Investigational	82234		Required	Required	Required	Required
Experimental/Investigational	84393		Required	Required	Required	Required
Experimental/Investigational	84394		Required	Required	Required	Required
Experimental/Investigational	89251	Large Group	Required	Required	Not Covered	Not Covered
Experimental/Investigational	89251	Small/individual	Not Covered	Required	Not Covered	Not Covered
Experimental/Investigational	89253	Large Group	Required	Required	Not Covered	Not Covered
Experimental/Investigational	89253	Small/individual	Not Covered	Required	Not Covered	Not Covered
Experimental/Investigational	91112		Required	Required	Required	Required
Experimental/Investigational	91113		Required	Required	Required	Required
Experimental/Investigational	92517		Required	Required	Required	Required
Experimental/Investigational	92518		Required	Required	Required	Required
Experimental/Investigational	92519		Required	Required	Required	Required
Experimental/Investigational	92548		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	92549		Required	Required	Required	Required
Experimental/Investigational	92972		Required	Required	Required	Required
Experimental/Investigational	93145		Required	Required	Required	Required
Experimental/Investigational	93146		Required	Required	Required	Required
Experimental/Investigational	93150		Required	Required	Required	Required
Experimental/Investigational	93151		Required	Required	Required	Required
Experimental/Investigational	93152		Required	Required	Required	Required
Experimental/Investigational	93153		Required	Required	Required	Required
Experimental/Investigational	93264		Required	Required	Not Required	Not Covered
Experimental/Investigational	93702		Required	Required	Required	Required
Experimental/Investigational	93740		Required	Required	Required	Required
Experimental/Investigational	96931		Required	Required	Required	Required
Experimental/Investigational	96936		Required	Required	Required	Required
Experimental/Investigational	97037		Required	Required	Required	Required
Experimental/Investigational	97533		Required	Required	Not Required	Not Covered
Experimental/Investigational	97607		Required	Required	Required	Not Covered
Experimental/Investigational	97608		Required	Required	Required	Required
Experimental/Investigational	A2001		Required	Required	Required	Required
Experimental/Investigational	A2002		Required	Required	Required	Required
Experimental/Investigational	A2004		Required	Required	Required	Required
Experimental/Investigational	A2005		Required	Required	Required	Required
Experimental/Investigational	A2006		Required	Required	Required	Required
Experimental/Investigational	A2007		Required	Required	Required	Required
Experimental/Investigational	A2008		Required	Required	Required	Required
Experimental/Investigational	A2009		Required	Required	Required	Required
Experimental/Investigational	A2010		Required	Required	Required	Required
Experimental/Investigational	A2011		Required	Required	Required	Required
Experimental/Investigational	A2012		Required	Required	Required	Required
Experimental/Investigational	A2013		Required	Required	Required	Required
Experimental/Investigational	A2014		Required	Required	Required	Required
Experimental/Investigational	A2015		Required	Required	Required	Required
Experimental/Investigational	A2016		Required	Required	Required	Required
Experimental/Investigational	A2017		Required	Required	Required	Required
Experimental/Investigational	A2018		Required	Required	Required	Required
Experimental/Investigational	A2026		Required	Required	Required	Required
Experimental/Investigational	A2027		Required	Required	Required	Required
Experimental/Investigational	A2028		Required	Required	Required	Required
Experimental/Investigational	A2029		Required	Required	Required	Required
Experimental/Investigational	A4100		Required	Required	Required	Required
Experimental/Investigational	A4540		Required	Required	Not Covered	Not Covered
Experimental/Investigational	A4543		Required	Required	Required	Required
Experimental/Investigational	A4593		Required	Required	Required	Required
Experimental/Investigational	A4594		Required	Required	Required	Required
Experimental/Investigational	A4596		Required	Required	Required	Required
Experimental/Investigational	A7023		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	A9268		Required	Required	Required	Required
Experimental/Investigational	A9269		Required	Required	Required	Required
Experimental/Investigational	A9292		Required	Required	Required	Required
Experimental/Investigational	A9611		Required	Required	Required	Required
Experimental/Investigational	C1605		Required	Required	Required	Required
Experimental/Investigational	C1821		Required	Required	Required	Not Covered
Experimental/Investigational	C1832		Required	Required	Required	Required
Experimental/Investigational	C1839		Required	Required	Required	Required
Experimental/Investigational	C2596		Required	Required	Required	Required
Experimental/Investigational	C2624		Required	Required	Not Required	Not Covered
Experimental/Investigational	C2625		Required	Required	Required	Required
Experimental/Investigational	C8005		Required	Required	Required	Required
Experimental/Investigational	C8926		Required	Required	Required	Required
Experimental/Investigational	C8937		Required	Required	Required	Required
Experimental/Investigational	C9354		Required	Required	Required	Required
Experimental/Investigational	C9356		Required	Required	Required	Required
Experimental/Investigational	C9363		Required	Required	Required	Required
Experimental/Investigational	C9364		Required	Required	Required	Required
Experimental/Investigational	C9757		Required	Required	Required	Required
Experimental/Investigational	C9758		Required	Required	Required	Required
Experimental/Investigational	C9761		Required	Required	Required	Required
Experimental/Investigational	C9762		Required	Required	Required	Required
Experimental/Investigational	C9763		Required	Required	Required	Required
Experimental/Investigational	C9777		Required	Required	Required	Required
Experimental/Investigational	C9787		Required	Required	Required	Required
Experimental/Investigational	C9790		Required	Required	Required	Required
Experimental/Investigational	C9792		Required	Required	Required	Required
Experimental/Investigational	C9809		Required	Required	Required	Required
Experimental/Investigational	E0201		Required	Required	Required	Required
Experimental/Investigational	E0490		Required	Required	Required	Required
Experimental/Investigational	E0491		Required	Required	Required	Required
Experimental/Investigational	E0530		Required	Required	Required	Required
Experimental/Investigational	E0732		Required	Required	Required	Required
Experimental/Investigational	E0733		Required	Required	Required	Required
Experimental/Investigational	E0734		Required	Required	Required	Required
Experimental/Investigational	E0735		Required	Required	Required	Required
Experimental/Investigational	E0736		Required	Required	Required	Required
Experimental/Investigational	E0738		Required	Required	Required	Required
Experimental/Investigational	E0739		Required	Required	Required	Required
Experimental/Investigational	G0276		Required	Required	Required	Required
Experimental/Investigational	G0460		Required	Required	Required	Required
Experimental/Investigational	G0555		Required	Required	Required	Required
Experimental/Investigational	G0561		Required	Required	Required	Required
Experimental/Investigational	J3520		Required	Required	Required	Required
Experimental/Investigational	J3570		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	K0002		Required	Required	Required	Required
Experimental/Investigational	K0016		Required	Required	Required	Required
Experimental/Investigational	K0017		Required	Required	Required	Required
Experimental/Investigational	L5827		Required	Required	Required	Required
Experimental/Investigational	L6028		Required	Required	Required	Required
Experimental/Investigational	L6029		Required	Required	Required	Required
Experimental/Investigational	L6030		Required	Required	Required	Required
Experimental/Investigational	L6031		Required	Required	Required	Required
Experimental/Investigational	L6032		Required	Required	Required	Required
Experimental/Investigational	L6033		Required	Required	Required	Required
Experimental/Investigational	L6037		Required	Required	Required	Required
Experimental/Investigational	L6700		Required	Required	Required	Required
Experimental/Investigational	L7406		Required	Required	Required	Required
Experimental/Investigational	Q4103		Required	Required	Required	Required
Experimental/Investigational	Q4104		Required	Required	Required	Required
Experimental/Investigational	Q4110		Required	Required	Required	Required
Experimental/Investigational	Q4111		Required	Required	Required	Required
Experimental/Investigational	Q4112		Required	Required	Required	Required
Experimental/Investigational	Q4113		Required	Required	Required	Required
Experimental/Investigational	Q4114		Required	Required	Required	Required
Experimental/Investigational	Q4115		Required	Required	Required	Required
Experimental/Investigational	Q4117		Required	Required	Required	Required
Experimental/Investigational	Q4118		Required	Required	Required	Required
Experimental/Investigational	Q4121		Required	Required	Required	Required
Experimental/Investigational	Q4123		Required	Required	Required	Required
Experimental/Investigational	Q4124		Required	Required	Required	Required
Experimental/Investigational	Q4125		Required	Required	Required	Required
Experimental/Investigational	Q4126		Required	Required	Required	Required
Experimental/Investigational	Q4127		Required	Required	Required	Required
Experimental/Investigational	Q4130		Required	Required	Required	Required
Experimental/Investigational	Q4134		Required	Required	Required	Required
Experimental/Investigational	Q4135		Required	Required	Required	Required
Experimental/Investigational	Q4136		Required	Required	Required	Required
Experimental/Investigational	Q4137		Required	Required	Required	Required
Experimental/Investigational	Q4138		Required	Required	Required	Required
Experimental/Investigational	Q4139		Required	Required	Required	Required
Experimental/Investigational	Q4140		Required	Required	Required	Required
Experimental/Investigational	Q4141		Required	Required	Required	Required
Experimental/Investigational	Q4142		Required	Required	Required	Required
Experimental/Investigational	Q4143		Required	Required	Required	Required
Experimental/Investigational	Q4145		Required	Required	Required	Required
Experimental/Investigational	Q4146		Required	Required	Required	Required
Experimental/Investigational	Q4147		Required	Required	Required	Required
Experimental/Investigational	Q4148		Required	Required	Required	Required
Experimental/Investigational	Q4149		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Experimental/Investigational	Q4309		Required	Required	Required	Required
Experimental/Investigational	Q4310		Required	Required	Required	Required
Experimental/Investigational	Q4311		Required	Required	Required	Required
Experimental/Investigational	Q4312		Required	Required	Required	Required
Experimental/Investigational	Q4313		Required	Required	Required	Required
Experimental/Investigational	Q4314		Required	Required	Required	Required
Experimental/Investigational	Q4315		Required	Required	Required	Required
Experimental/Investigational	Q4316		Required	Required	Required	Required
Experimental/Investigational	Q4317		Required	Required	Required	Required
Experimental/Investigational	Q4318		Required	Required	Required	Required
Experimental/Investigational	Q4319		Required	Required	Required	Required
Experimental/Investigational	Q4320		Required	Required	Required	Required
Experimental/Investigational	Q4321		Required	Required	Required	Required
Experimental/Investigational	Q4322		Required	Required	Required	Required
Experimental/Investigational	Q4323		Required	Required	Required	Required
Experimental/Investigational	Q4324		Required	Required	Required	Required
Experimental/Investigational	Q4325		Required	Required	Required	Required
Experimental/Investigational	Q4326		Required	Required	Required	Required
Experimental/Investigational	Q4327		Required	Required	Required	Required
Experimental/Investigational	Q4328		Required	Required	Required	Required
Experimental/Investigational	Q4329		Required	Required	Required	Required
Experimental/Investigational	Q4330		Required	Required	Required	Required
Experimental/Investigational	Q4331		Required	Required	Required	Required
Experimental/Investigational	Q4332		Required	Required	Required	Required
Experimental/Investigational	Q4333		Required	Required	Required	Required
Experimental/Investigational	Q4334		Required	Required	Required	Required
Experimental/Investigational	Q4335		Required	Required	Required	Required
Experimental/Investigational	Q4336		Required	Required	Required	Required
Experimental/Investigational	Q4337		Required	Required	Required	Required
Experimental/Investigational	Q4338		Required	Required	Required	Required
Experimental/Investigational	Q4339		Required	Required	Required	Required
Experimental/Investigational	Q4340		Required	Required	Required	Required
Experimental/Investigational	Q4341		Required	Required	Required	Required
Experimental/Investigational	Q4342		Required	Required	Required	Required
Experimental/Investigational	Q4343		Required	Required	Required	Required
Experimental/Investigational	Q4344		Required	Required	Required	Required
Experimental/Investigational	Q4345		Required	Required	Required	Required
Experimental/Investigational	S9002		Required	Required	Required	Required
Eyelid Repair						
Eyelid Repair	67901		Required	Required	Required	Required
Eyelid Repair	67902		Required	Required	Required	Required
Eyelid Repair	67903		Required	Required	Required	Required
Eyelid Repair	67904		Required	Required	Required	Required
Eyelid Repair	67906		Required	Required	Required	Required
Eyelid Repair	67908		Required	Required	Required	Required
Eyelid Repair	67909		Required	Required	Required	Required
Follow up. Limited lor Localized CT						
Follow up. Limited lor Localized CT	76380	Administered through Evolent	Required	Required	Required	Required
Follow up. Limited lor Localized CT	70486	Administered through Evolent	Required	Required	Required	Required
Follow up. Limited lor Localized CT	70487	Administered through Evolent	Required	Required	Required	Required
Follow up. Limited lor Localized CT	70488	Administered through Evolent	Required	Required	Required	Required
Gender Dysphoria						
Gender Dysphoria	11970	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.890	Required	Required	Required	Not Required
Gender Dysphoria	14301	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.892	Required	Required	Required	Required
Gender Dysphoria	14302	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.893	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	15822	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.894	Required	Required	Required	Required
Gender Dysphoria	15823	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.895	Required	Required	Required	Required
Gender Dysphoria	17380	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.896	Required	Required	Required	Required
Gender Dysphoria	19301	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.897	Required	Required	Required	Required
Gender Dysphoria	19302	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.898	Required	Required	Required	Not Required
Gender Dysphoria	19303	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.899	Required	Required	Required	Not Required
Gender Dysphoria	19304	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.900	Required	Required	Required	Not Required
Gender Dysphoria	19305	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.901	Required	Required	Required	Not Required
Gender Dysphoria	19306	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.902	Required	Required	Required	Not Required
Gender Dysphoria	19307	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.903	Required	Required	Required	Not Required
Gender Dysphoria	19316	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.904	Required	Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	19318	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.905	Required	Required	Required	Not Required
Gender Dysphoria	19325	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.906	Required	Required	Required	Not Required
Gender Dysphoria	19340	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.907	Required	Required	Required	Required
Gender Dysphoria	19342	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.908	Required	Required	Required	Not Required
Gender Dysphoria	19350	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.909	Required	Required	Required	Not Required
Gender Dysphoria	21125	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.910	Required	Required	Required	Required
Gender Dysphoria	21127	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.911	Required	Required	Required	Required
Gender Dysphoria	21138	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.912	Required	Required	Required	Required
Gender Dysphoria	21139	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.913	Required	Required	Required	Required
Gender Dysphoria	53410	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.914	Required	Required	Required	Not Required
Gender Dysphoria	53430	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.915	Required	Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	54125	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.916	Required	Required	Required	Not Required
Gender Dysphoria	54125	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.917	Required	Required	Required	Not Required
Gender Dysphoria	54520	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.918	Required	Required	Required	Not Required
Gender Dysphoria	54400	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.919	Required	Required	Required	Not Required
Gender Dysphoria	54401	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.920	Required	Required	Required	Not Required
Gender Dysphoria	54405	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.921	Required	Required	Required	Not Required
Gender Dysphoria	54406	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.922	Required	Required	Required	Not Required
Gender Dysphoria	54408	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.923	Required	Required	Required	Not Required
Gender Dysphoria	54410	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.924	Required	Required	Required	Not Required
Gender Dysphoria	54411	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.925	Required	Required	Required	Required
Gender Dysphoria	54415	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.926	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	54416	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.927	Required	Required	Required	Not Required
Gender Dysphoria	54417	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.928	Required	Required	Required	Not Required
Gender Dysphoria	54520	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.929	Required	Required	Required	Not Required
Gender Dysphoria	54660	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.930	Required	Required	Required	Not Required
Gender Dysphoria	54690	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.931	Required	Required	Required	Not Required
Gender Dysphoria	55175	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.932	Required	Required	Required	Not Required
Gender Dysphoria	55180	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.933	Required	Required	Required	Not Required
Gender Dysphoria	55970	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.934	Required	Required	Required	Not Required
Gender Dysphoria	55980	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.935	Required	Required	Required	Not Required
Gender Dysphoria	56625	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.936	Required	Required	Required	Not Required
Gender Dysphoria	56800	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.937	Required	Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	56805	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.938	Required	Required	Required	Not Required
Gender Dysphoria	57110	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.939	Required	Required	Required	Not Required
Gender Dysphoria	57291	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.940	Required	Required	Required	Not Required
Gender Dysphoria	57292	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.941	Required	Required	Required	Not Required
Gender Dysphoria	57335	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.942	Required	Required	Required	Not Required
Gender Dysphoria	58150	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.943	Required	Required	Required	Not Required
Gender Dysphoria	58180	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.944	Required	Required	Required	Not Required
Gender Dysphoria	58260	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.945	Required	Required	Required	Not Required
Gender Dysphoria	58262	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.946	Required	Required	Required	Required
Gender Dysphoria	58290	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.947	Required	Required	Required	Not Required
Gender Dysphoria	58291	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.948	Required	Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	58541	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.949	Required	Required	Required	Not Required
Gender Dysphoria	58542	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.950	Required	Required	Required	Not Required
Gender Dysphoria	58543	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.951	Required	Required	Required	Not Required
Gender Dysphoria	58544	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.952	Required	Required	Required	Not Required
Gender Dysphoria	58550	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.953	Required	Required	Required	Not Required
Gender Dysphoria	58552	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.954	Required	Required	Required	Not Required
Gender Dysphoria	58553	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.955	Required	Required	Required	Not Required
Gender Dysphoria	58554	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.956	Required	Required	Required	Not Required
Gender Dysphoria	58570	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.957	Required	Required	Required	Not Required
Gender Dysphoria	58571	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.958	Required	Required	Required	Not Required
Gender Dysphoria	58572	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.959	Required	Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Gender Dysphoria	58573	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.960	Required	Required	Required	Not Required
Gender Dysphoria	58661	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.961	Required	Required	Required	Not Required
Gender Dysphoria	58720	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.962	Required	Required	Required	Required
Gender Dysphoria	58940	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.963	Required	Required	Required	Required
Gender Dysphoria	58999	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.964	Required	Required	Required	Required
Gender Dysphoria	C1713	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.965	Required	Required	Required	Required
Gender Dysphoria	J9225	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.966	Required	Required	Required	Required
Gender Dysphoria	J9226	with diagnosis F64.0, F64.1 F64.2, F64.8, F64.9 or Z87.967	Required	Required	Required	Required
Genetic Testing						
Genetic Testing	0006M		Required	Required	Required	Required
Genetic Testing	0007M		Required	Required	Required	Required
Genetic Testing	0009M		Required	Required	Required	Required
Genetic Testing	0012M		Required	Required	Required	Required
Genetic Testing	0011M		Required	Required	Required	Required
Genetic Testing	0013M		Required	Required	Required	Required
Genetic Testing	0015M		Required	Required	Required	Not Covered
Genetic Testing	0016M		Required	Required	Required	Not Covered
Genetic Testing	0020M		Required	Required	Required	Required
Genetic Testing	0005U		Required	Required	Required	Not Covered
Genetic Testing	0018U		Required	Required	Required	Required
Genetic Testing	0024U		Required	Required	Required	Required
Genetic Testing	0025U		Required	Required	Required	Required
Genetic Testing	0026U		Required	Required	Required	Not Covered
Genetic Testing	0028U		Required	Required	Required	Required
Genetic Testing	0029U		Required	Required	Required	Required
Genetic Testing	0030U		Required	Required	Required	Required
Genetic Testing	0031U		Required	Required	Required	Required
Genetic Testing	0032U		Required	Required	Required	Required
Genetic Testing	0033U		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Genetic Testing	81507		Required	Required	Not Covered	Required
Genetic Testing	81508		Required	Required	Required	Required
Genetic Testing	81509		Required	Required	Required	Required
Genetic Testing	81510		Required	Required	Required	Required
Genetic Testing	81511		Required	Required	Required	Required
Genetic Testing	81512		Required	Required	Required	Required
Genetic Testing	81515		Required	Required	Required	Required
Genetic Testing	81518		Required	Required	Required	Required
Genetic Testing	81520		Required	Required	Required	Required
Genetic Testing	81521		Required	Required	Required	Required
Genetic Testing	81522		Required	Required	Required	Required
Genetic Testing	81523		Required	Required	Required	Required
Genetic Testing	81524		Required	Required	Required	Required
Genetic Testing	81525		Required	Required	Not Covered	Not Covered
Genetic Testing	81529		Required	Required	Required	Required
Genetic Testing	81535		Required	Required	Not Covered	Required
Genetic Testing	81536		Required	Required	Not Covered	Required
Genetic Testing	81538		Required	Required	Not Covered	Required
Genetic Testing	81539		Required	Required	Required	Required
Genetic Testing	81540		Required	Required	Not Covered	Required
Genetic Testing	81541		Required	Required	Not Covered	Required
Genetic Testing	81542		Required	Required	Required	Not Covered
Genetic Testing	81546		Required	Required	Required	Not Covered
Genetic Testing	81551		Required	Required	Required	Not Covered
Genetic Testing	81552		Required	Required	Required	Required
Genetic Testing	81554		Required	Required	Required	Required
Genetic Testing	81558		Required	Required	Required	Required
Genetic Testing	81595		Required	Required	Required	Required
Genetic Testing	81599		Required	Required	Required	Required
Genetic Testing	87494		Required	Required	Required	Required
Genetic Testing	87627		Required	Required	Required	Required
Genetic Testing	89290		Required, Not Covered for Small and Individuals groups	Required	Not Covered	Not Covered
Genetic Testing	89291		Required, Not Covered for Small and Individuals groups	Required	Not Covered	Not Covered
Genetic Testing	S3800		Required	Required	Required	Required
Genetic Testing	S3840		Required	Required	Required	Required
Genetic Testing	S3841		Required	Required	Required	Not Covered
Genetic Testing	S3842		Required	Required	Required	Required
Genetic Testing	S3844		Required	Required	Required	Required
Genetic Testing	S3845		Required	Required	Required	Required
Genetic Testing	S3846		Required	Required	Required	Required
Genetic Testing	S3849		Required	Required	Required	Required
Genetic Testing	S3850		Required	Required	Required	Required
Genetic Testing	S3852		Required	Required	Required	Required
Genetic Testing	S3853		Required	Required	Required	Required
Genetic Testing	S3854		Required	Required	Required	Required
Genetic Testing	S3861		Required	Required	Required	Required
Genetic Testing	S3865		Required	Required	Required	Required
Genetic Testing	S3866		Required	Required	Required	Required
Genetic Testing	S3870		Required	Required	Required	Not Covered
Genetic Testing	81479		Required	Required	Required	Required
Genioplasty						
Genioplasty	21120		Required	Required	Required	Required
Genioplasty	21121		Required	Required	Required	Required
Genioplasty	21122		Required	Required	Required	Required
Genioplasty	21123		Required	Required	Required	Required
Gynecomastia						
Gynecomastia	19300		Required	Required	Required	Required
Hair Implant Punch Graft						
Hair Implant Punch Graft	15775		Required	Required	Required	Required
Hair Implant Punch Graft	15776		Required	Required	Required	Required
Heart Transplant						
Heart Transplant	33945		No Auth Required	Required	No Auth Required	No Auth Required
Heart/Lung Transplant						
Heart/Lung Transplant	33935		No Auth Required	Required	No Auth Required	No Auth Required
Hemodialysis Access Creation						
Hemodialysis Access Creation	36836	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Hemodialysis Access Creation	36837	Administered through Evolent	Required	Not Required	Required	Not Required
Hip Replacement Total						
Hip Replacement Total	27130		Required	Required	Not Required	Required
Hip Replacement Total	27132		Required	Required	Not Required	Required
Hip Replacement Partial						
Hip Replacement Partial	27125		Required	Required	Not Required	Required
Hip Revision						
Hip Revision	27134		Required	Required	Not Required	Required
Hip Revision	27137		Required	Required	Not Required	Required
Hip Revision	27138		Required	Required	Not Required	Required
Home Birth						
Home Birth	59400		Required	Required	Required	Required
Home Birth	59409		Required	Required	Required	Required
Home Birth	59410		Required	Required	Required	Required
Homecare HHA (Home Health Aide)						
Homecare HHA (Home Health Aide)	G0156		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare HHA (Home Health Aide)	S9122		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn						
Homecare Maternity/Newborn	H1001		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	H1002		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	H1003		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	H1004		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	H1005		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	S9208		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Homecare Maternity/Newborn	S9209		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	S9211		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	S9212		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	S9213		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	S9214		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	99500		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	99501		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Maternity/Newborn	99502		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Occupational Therapy						
Homecare Occupational Therapy	G0152		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Occupational Therapy	G0158		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Occupational Therapy	G0160		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Homecare Occupational Therapy	S9129		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Physical Therapy						
Homecare Physical Therapy	G0151		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Physical Therapy	G0157		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Physical Therapy	G0159		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Physical Therapy	S9131		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Home Care/Home Infusion for PPS	HDIM8	and place of service "12"	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing						
Homecare Skilled Nursing	99503		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99504		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99505		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99506		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99507		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99509		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99510		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99511		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99512		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	99600		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Homecare Skilled Nursing	S5131		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5135		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5136		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5150		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5151		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5165		Not Covered	Not Covered	Not Covered	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5170		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5175		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5180		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5181		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	S5185		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Homecare Skilled Nursing	G0299		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Skilled Nursing	G0300		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Social Services						
Homecare Social Services	G0155		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Social Services	S9127		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Speech Therapy						
Homecare Speech Therapy	G0153		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Speech Therapy	G0161		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Homecare Speech Therapy	S9128		Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required	Required for DOS prior to 11/17/25. Not Required as of 11/17/25	Required for DOS prior to 11/17/25. Not Required as of 11/17/25
Hyperbaric Oxygen						
Hyperbaric Oxygen	99183		Required	Required	Required	Required
Hyperbaric Oxygen	G0277		Required	Required	Required	Required
Implantation of Neurostimulator						
Implantation of Neurostimulator	64580		Required	Required	Required	Required
Implantation of Neurostimulator	0587T		Required	Required	Required	Required
Implantation of Neurostimulator	0588T		Required	Required	Required	Required
Implantation of Neurostimulator	0589T		Required	Required	Required	Required
Implantation of Neurostimulator	0590T		Required	Required	Required	Required
Implantation of Neurostimulator	0988T		Required	Required	Required	Required
Implantation of Neurostimulator	0989T		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Inpatient Admission	0212	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0213	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0214	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0219	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0220	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0221	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0222	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0223	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0224	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0229	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0230	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0233	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0234	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0239	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0240	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Admission	0249	Revenue Code	Notification	Notification	Notification	Notification
Inpatient Mental Health						
Inpatient Mental Health			Notification	Required	Required	Notification , Administered through Carelton BH
Inpatient Rehab Medical Rehab Unit						
Inpatient Rehab Medical Rehab Unit			Required	Required	Required	Required
Interventional Cardiology						
Interventional Cardiology	33900	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	33901	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	33902	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	33903	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37254	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37256	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37258	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37260	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37263	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37265	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37267	Administered through Evolent	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Interventional Cardiology	37269	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37271	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37273	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37275	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37277	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37280	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37282	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37284	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37286	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37288	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37290	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37292	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37294	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37296	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	37298	Administered through Evolent	Required	Not Required	Required	Not Required
Interventional Cardiology	92930	Administered through Evolent	Required	Not Required	Required	Not Required
Knee Reconstruction-UM						
Knee Reconstruction -UM	27427		Required	Required	Not Required	Required
Knee Reconstruction -UM	27428		Required	Required	Not Required	Required
Knee Replacement Total						
Knee Replacement Total	27447		Required	Required	Not Required	Required
Knee Replacement Partial						
Knee Replacement Partial	27437		Required	Required	Not Required	Required
Knee Replacement Partial	27438		Required	Required	Not Required	Required
Knee Replacement Partial	27446		Required	Required	Not Required	Required
Knee Revision						
Knee Revision	27486		Required	Required	Not Required	Required
Knee Revision	27487		Required	Required	Not Required	Required
Liposuction						
Liposuction	15876		Required	Required	Required	Required
Liposuction	15877		Required	Required	Required	Required
Liposuction	15878		Required	Required	Required	Required
Liposuction	15879		Required	Required	Required	Required
Liver Transplant						
Liver Transplant	47135		No Auth Required	Required	No Auth Required	No Auth Required
Long-Term Acute Care Hospital (LTACH)						
Long-Term Acute Care Hospital (LTACH)	0120	Revenue Code	Required	Required	Required	Required
Long-Term Acute Care Hospital (LTACH)	0128	Revenue Code	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Long-Term Acute Care Hospital (LTACH)	0129	Revenue Code	Required	Required	Required	Required
Long-Term Acute Care Hospital (LTACH)	0138	Revenue Code	Required	Required	Required	Required
Long-Term Acute Care Hospital (LTACH)	0148	Revenue Code	Required	Required	Required	Required
Long-Term Acute Care Hospital (LTACH)	0158	Revenue Code	Required	Required	Required	Required
Lumbar Fusion						
Lumbar Fusion	22533		Required	Required	Required	Required
Lumbar Fusion	22534		Required	Required	Required	Required
Lumbar Fusion	22558		Required	Required	Required	Required
Lumbar Fusion	22585		Required	Required	Required	Required
Lumbar Fusion	22586		Required	Required	Required	Required
Lumbar Fusion	22612		Required	Required	Required	Required
Lumbar Fusion	22614		Required	Required	Required	Required
Lumbar Fusion	22630		Required	Required	Required	Required
Lumbar Fusion	22632		Required	Required	Required	Required
Lumbar Fusion	22633		Required	Required	Required	Required
Lumbar Fusion	22634		Required	Required	Required	Required
Lumbar Fusion	0790T		Required	Required	Required	Required
Lumbar Laminectomy						
Lumbar Laminectomy	63005		Required	Required	Required	Required
Lumbar Laminectomy	63012		Required	Required	Required	Required
Lumbar Laminectomy	63017		Required	Required	Required	Required
Lumbar Laminectomy	63030		Required	Required	Required	Required
Lumbar Laminectomy	63032		Required	Required	Required	Required
Lumbar Laminectomy	63035		Required	Required	Required	Required
Lumbar Laminectomy	63042		Required	Required	Required	Required
Lumbar Laminectomy	63044		Required	Required	Required	Required
Lumbar Laminectomy	63047		Required	Required	Required	Required
Lumbar Laminectomy	63056		Required	Required	Required	Required
Lumbar Laminectomy	63057		Required	Required	Required	Required
Lung Transplant						
Lung Transplant	32851		Not Required	Required	Not Required	Not Required
Lung Transplant	32852		Not Required	Required	Not Required	Not Required
Lung Transplant	32853		Not Required	Required	Not Required	Not Required
Lung Transplant	32854		Not Required	Required	Not Required	Not Required
Mandibular Reconstruction						
Mandibular Reconstruction	21248		Required	Required	Required	Required
Mastectomy						
Mastectomy	19301	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastectomy	19302	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastectomy	19303	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastectomy	19304	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastectomy	19305	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastectomy	19306	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Mastectomy	19307	and primary diagnosis "Z15.01", "Z40.01", "Z80.3", "Z80.9"	Required	Required	Required	Required
Mastopexy						
Mastopexy	19316		Required	Required	Required	Required
Medical Review						
Medical Review	37241	and diagnosis code pelvic congestion	Required	Required	Required	Required
Medical Review	0101T		Required	Required	Required	Not Covered
Medical Review	0102T		Required	Required	Required	Not Covered
Medical Review	0512T		Required	Required	Required	Not Covered
Medical Review	0513T		Required	Required	Required	Not Covered
Medical Review	0656T		Required	Required	Required	Required
Medical Review	0657T		Required	Required	Required	Required
Medical Review	0402T		Required	Required	Required	Required
Medical Review	C9081		Required	Required	Required	Required
Medical Review	C9747		Required	Required	Required	Required
Medical Review	J7402		Required	Required	Required	Required
Medical Review	Q2041		Required	Required	Required	Required
Medical Review	Q2042		Required	Required	Required	Required
Medical Review	Q2053		Required	Required	Required	Required
Medical Review	Q2054		Required	Required	Required	Required
Medical Review	Q2055		Required	Required	Required	Required
Medical Review	22843		Required	Required	Required	Required
Medical Review	28890		Required	Required	Required	Not Covered
Medical Review	38225		Required	Required	Required	Required
Medical Review	38226		Required	Required	Required	Required
Medical Review	38227		Required	Required	Required	Required
Medical Review	38228		Required	Required	Required	Required
Medical Review	43647		Required	Required	Required	Required
Medical Review	55874		Required	Required	Required	Required
Medical Review	55880		Required	Required	Required	Required
Medical Review	55881		Required	Required	Required	Required
Medical Review	55882		Required	Required	Required	Required
Medical Review	64582		Required	Required	Required	Required
Medical Review	64583		Required	Required	Required	Required
Medical Review	64584		Required	Required	Required	Required
Medical Review	97007	Large Group Commercial Excluded from Authorization Requirements	Required	Not Required	Required	Required
Medical Review	97008	Large Group Commercial Excluded from Authorization Requirements	Required	Not Required	Required	Required
Medical Review	97009	Large Group Commercial Excluded from Authorization Requirements	Required	Not Required	Required	Required
Medical Review	0096U		Required	Required	Required	Required
Medical Review	J7401		Required	Required	Required	Required
Medical Review	C2056		Required	Required	Required	Required
Medical Review	C9076		Required	Required	Required	Required
Medical Review	C9122		Required	Required	Required	Required
Medical Review	C9073		Required	Required	Required	Required
Medical Review	Q2058		Required	Required	Required	Required
Medical Review	S1091		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Medisource Children's Home and Community Based Services						
Medisource Children's Home and Community Based Services	T2039	and Modifiers HA,V1, V2, V3	Not Covered	Not Covered	Not Covered	Required
Medisource Children's Home and Community Based Services	90832	with Modifier TJ	Not Covered	Not Covered	Not Covered	Required
Medisource Children's Home and Community Based Services	96152	with Modifier TJ	Not Covered	Not Covered	Not Covered	Required
Medisource Children's Home and Community Based Services	97124	with Modifier TJ	Not Covered	Not Covered	Not Covered	Required
Medisource Children's Home and Community Based Services	99347	with Modifier TJ	Not Covered	Not Covered	Not Covered	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MediSource Custodial SNF						
MediSource Custodial SNF	0100	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0121	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0123	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0124	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0160	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0169	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0183	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0185	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0189	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MediSource Custodial SNF	0663	Revenue Code and type of bill "210" to "222"	Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
MR Spectroscopy						
MR Spectroscopy	76390	Administered through Evolent	Required	Required	Required	Required
MR Spectroscopy	0698T	Administered through Evolent	Required	Required	Required	Required
MRA Abdomen						
MRA Abdomen	77485	Administered through Evolent	Required	Required	Required	Required
MRA Abdomen	C8900	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRA Abdomen	C8901	Administered through Evolent	Required	Required	Required	Required
MRA Abdomen	C8902	Administered through Evolent	Required	Required	Required	Required
MRA Abdomen	0698T	Administered through Evolent	Required	Required	Required	Required
MRA Chest						
MRA Chest	71555	Administered through Evolent	Required	Required	Required	Required
MRA Chest	C8909	Administered through Evolent	Required	Required	Required	Required
MRA Chest	C8910	Administered through Evolent	Required	Required	Required	Required
MRA Chest	C8911	Administered through Evolent	Required	Required	Required	Required
MRA Head						
MRA Head	70544	Administered through Evolent	Required	Required	Required	Required
MRA Head	70545	Administered through Evolent	Required	Required	Required	Required
MRA Head	70546	Administered through Evolent	Required	Required	Required	Required
MRA Lower Extremity						
MRA Lower Extremity	73725	Administered through Evolent	Required	Required	Required	Required
MRA Lower Extremity	C8912	Administered through Evolent	Required	Required	Required	Required
MRA Lower Extremity	C8913	Administered through Evolent	Required	Required	Required	Required
MRA Lower Extremity	C8914	Administered through Evolent	Required	Required	Required	Required
MRA Neck						
MRA Neck	70547	Administered through Evolent	Required	Required	Required	Required
MRA Neck	70548	Administered through Evolent	Required	Required	Required	Required
MRA Neck	70549	Administered through Evolent	Required	Required	Required	Required
MRA Pelvis						
MRA Pelvis	72198	Administered through Evolent	Required	Required	Required	Required
MRA Pelvis	C8918	Administered through Evolent	Required	Required	Required	Required
MRA Pelvis	C8919	Administered through Evolent	Required	Required	Required	Required
MRA Pelvis	C8920	Administered through Evolent	Required	Required	Required	Required
MRA Spinal Canal						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRA Spinal Canal	72159	Administered through Evolent	Required	Required	Required	Required
MRA Spinal Canal	C8931	Administered through Evolent	Required	Required	Required	Required
MRA Spinal Canal	C8932	Administered through Evolent	Required	Required	Required	Required
MRA Spinal Canal	C8933	Administered through Evolent	Required	Required	Required	Required
MRA Upper Extremity						
MRA Upper Extremity	73225	Administered through Evolent	Required	Required	Required	Required
MRA Upper Extremity	C8934	Administered through Evolent	Required	Required	Required	Required
MRA Upper Extremity	C8935	Administered through Evolent	Required	Required	Required	Required
MRA Upper Extremity	C8936	Administered through Evolent	Required	Required	Required	Required
MRA Upper Extremity	0698T	Administered through Evolent	Required	Required	Required	Required
MRE (Magnetic resonance elastography)						
MRE (Magnetic resonance elastography)	76391	Administered through Evolent	Required	Required	Required	Required
MRI Abdomen						
MRI Abdomen	74181	Administered through Evolent	Required	Required	Required	Required
MRI Abdomen	74182	Administered through Evolent	Required	Required	Required	Required
MRI Abdomen	74183	Administered through Evolent	Required	Required	Required	Required
MRI Abdomen	S8037	Administered through Evolent	Required	Required	Required	Required
MRI Abdomen	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Bone Marrow						
MRI Bone Marrow	77084	Administered through Evolent	Required	Required	Required	Required
MRI Brain						
MRI Brain	70551	Administered through Evolent	Required	Required	Required	Required
MRI Brain	70552	Administered through Evolent	Required	Required	Required	Required
MRI Brain	70553	Administered through Evolent	Required	Required	Required	Required
MRI Brain	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Breast						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRI Breast	77046	Administered through Evolent	Required	Required	Required	Required
MRI Breast	77047	Administered through Evolent	Required	Required	Required	Required
MRI Breast	77048	Administered through Evolent	Required	Required	Required	Required
MRI Breast	77049	Administered through Evolent	Required	Required	Required	Required
MRI Breast	C8903	Administered through Evolent	Required	Required	Required	Required
MRI Breast	C8905	Administered through Evolent	Required	Required	Required	Required
MRI Breast	C8906	Administered through Evolent	Required	Required	Required	Required
MRI Breast	C8908	Administered through Evolent	Required	Required	Required	Required
MRI Breast	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Cervical Spine						
MRI Cervical Spine	72141	Administered through Evolent	Required	Required	Required	Required
MRI Cervical Spine	72142	Administered through Evolent	Required	Required	Required	Required
MRI Cervical Spine	72156	Administered through Evolent	Required	Required	Required	Required
MRI Cervical Spine	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Chest						
MRI Chest	71550	Administered through Evolent	Required	Required	Required	Required
MRI Chest	71551	Administered through Evolent	Required	Required	Required	Required
MRI Chest	71552	Administered through Evolent	Required	Required	Required	Required
MRI Chest	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Cholangiopancreatography						
MRI Cholangiopancreatography	S8037	Administered through Evolent	Required	Required	Required	Required
MRI Functional Brain						
MRI Functional Brain	70554	Administered through Evolent	Required	Required	Required	Required
MRI Functional Brain	70555	Administered through Evolent	Required	Required	Required	Required
MRI Heart						
MRI Heart	75557	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRI Heart	75559	Administered through Evolent	Required	Required	Required	Required
MRI Heart	75561	Administered through Evolent	Required	Required	Required	Required
MRI Heart	75563	Administered through Evolent	Required	Required	Required	Required
MRI Heart	75565	Administered through Evolent	Required	Required	Required	Required
MRI Heart	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Hip						
MRI Hip	72195	Administered through Evolent	Required	Required	Required	Required
MRI Hip	72196	Administered through Evolent	Required	Required	Required	Required
MRI Hip	72197	Administered through Evolent	Required	Required	Required	Required
MRI Hip	73721	Administered through Evolent	Required	Required	Required	Required
MRI Hip	73722	Administered through Evolent	Required	Required	Required	Required
MRI Hip	73723	Administered through Evolent	Required	Required	Required	Required
MRI Hip	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal						
MRI Internal Auditory Canal	70551	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal	70552	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal	70553	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal	70540	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal	70542	Administered through Evolent	Required	Required	Required	Required
MRI Internal Auditory Canal	70543	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint						
MRI Lower Extremity Joint	73721	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint	73722	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint	73723	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRI Lower Extremity Joint	73718	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint	73719	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint	73730	Administered through Evolent	Required	Required	Required	Required
MRI Lower Extremity Joint	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Lumbar Spine						
MRI Lumbar Spine	72148	Administered through Evolent	Required	Required	Required	Required
MRI Lumbar Spine	72149	Administered through Evolent	Required	Required	Required	Required
MRI Lumbar Spine	72158	Administered through Evolent	Required	Required	Required	Required
MRI Lumbar Spine	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Orbit, Face, and/or Neck						
MRI Orbit, Face, and/or Neck	70540	Administered through Evolent	Required	Required	Required	Required
MRI Orbit, Face, and/or Neck	70542	Administered through Evolent	Required	Required	Required	Required
MRI Orbit, Face, and/or Neck	70543	Administered through Evolent	Required	Required	Required	Required
MRI Orbit, Face, and/or Neck	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Pelvis						
MRI Pelvis	72195	Administered through Evolent	Required	Required	Required	Required
MRI Pelvis	72196	Administered through Evolent	Required	Required	Required	Required
MRI Pelvis	72197	Administered through Evolent	Required	Required	Required	Required
MRI Pelvis	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Thoracic Spine						
MRI Thoracic Spine	72146	Administered through Evolent	Required	Required	Required	Required
MRI Thoracic Spine	72147	Administered through Evolent	Required	Required	Required	Required
MRI Thoracic Spine	72157	Administered through Evolent	Required	Required	Required	Required
MRI Thoracic Spine	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity Joint						
MRI Upper Extremity Joint	73721	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
MRI Upper Extremity Joint	73722	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity Joint	73723	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity Joint	0698T	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity, other than Joint						
MRI Upper Extremity, other than Joint	73218	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity, other than Joint	73219	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity, other than Joint	73220	Administered through Evolent	Required	Required	Required	Required
MRI Upper Extremity, other than Joint	0698T	Administered through Evolent	Required	Required	Required	Required
MUGA Scan						
MUGA Scan	78472	Administered through Evolent	Required	Not Required	Required	Required
MUGA Scan	78473	Administered through Evolent	Required	Not Required	Required	Required
MUGA Scan	78494	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging						
Myocardial Perfusion Imaging	0742T	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78451	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78452	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78453	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78454	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78466	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78468	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78469	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78481	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78483	Administered through Evolent	Required	Not Required	Required	Required
Myocardial Perfusion Imaging	78499	Administered through Evolent	Required	Not Required	Required	Required
Oncotype						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Oncotype	53854		Required	Required	Required	Required
Oncotype	81519		Required	Required	Required	Required
Orthognathic						
Orthognathic	21141		Required	Required	Required	Required
Orthognathic	21142		Required	Required	Required	Required
Orthognathic	21143		Required	Required	Required	Required
Orthognathic	21145		Required	Required	Required	Required
Orthognathic	21146		Required	Required	Required	Required
Orthognathic	21147		Required	Required	Required	Required
Orthognathic	21150		Required	Required	Required	Required
Orthognathic	21151		Required	Required	Required	Required
Orthognathic	21154		Required	Required	Required	Required
Orthognathic	21155		Required	Required	Required	Required
Orthognathic	21159		Required	Required	Required	Required
Orthognathic	21160		Required	Required	Required	Required
Orthognathic	21193		Required	Required	Required	Required
Orthognathic	21194		Required	Required	Required	Required
Orthognathic	21195		Required	Required	Required	Required
Orthognathic	21196		Required	Required	Required	Required
Orthognathic	21198		Required	Required	Required	Required
Orthognathic	21199		Required	Required	Required	Required
Orthognathic	21206		Required	Required	Required	Required
Orthognathic	21208		Required	Required	Required	Required
Orthognathic	21209		Required	Required	Required	Required
Orthognathic	21210		Required	Required	Required	Required
Orthognathic	21215		Required	Required	Required	Required
Orthognathic	21247		Required	Required	Required	Required
Orthognathic	21255		Required	Required	Required	Required
Orthognathic	21295		Required	Required	Required	Required
Orthognathic	21296		Required	Required	Required	Required
Otoplasty						
Otoplasty	69300		Required	Required	Required	Required
Pancreas Transplant						
Pancreas Transplant	48160		Not Required	Required	Not Required	Not Required
Pancreas Transplant	48554		Not Required	Required	Not Required	Not Required
Panniculectomy						
Panniculectomy	15830		Required	Required	Required	Required
Partial Hospital Mental Health						
Partial Hospital Mental Health	0912	Revenue Code	Notification	Required	Required	Notification Administered through Carelon BH
Partial Hospital Mental Health	0913	Revenue Code	Notification	Required	Required	Notification Administered through Carelon BH
Personal Care Services						
Personal Care Services	T1002		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Personal Care Services	T1019		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Personal Care Services	T1020		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Personal Emergency Response Systems (PERS)						
Personal Emergency Response Systems (PERS)	S5160		Not Covered	Not Covered	Not Covered	Required
Personal Emergency Response Systems (PERS)	S5161		Not Covered	Not Covered	Not Covered	Required
PET Scan						
PET Scan	78811	Administered through Evolent	Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
PET Scan	78812	Administered through Evolent	Required	Required	Required	Required
PET Scan	78813	Administered through Evolent	Required	Required	Required	Required
PET Scan	78814	Administered through Evolent	Required	Required	Required	Required
PET Scan	78815	Administered through Evolent	Required	Required	Required	Required
PET Scan	78816	Administered through Evolent	Required	Required	Required	Required
PET Scan, Brain						
PET Scan, Brain	78608	Administered through Evolent	Required	Required	Required	Required
PET Scan, Brain	78609	Administered through Evolent	Required	Required	Required	Required
PET Scan, initial dx of breast cancer						
PET Scan, initial dx of breast cancer	G0252	Administered through Evolent	Required	Required	Required	Required
PET Scan, Not otherwise specified						
PET Scan, Not otherwise specified	G0235	Administered through Evolent	Required	Required	Required	Required
Physical, Speech and Occupational Therapy Services						
Physical, Speech and Occupational Therapy Services	92507	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	92508	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	92526	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	92606	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	92609	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97010	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97012	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97014	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97016	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97018	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97022	Administered through Evolent	Not Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Physical, Speech and Occupational Therapy Services	97537	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97542	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97550	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97551	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97552	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97750	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97755	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97760	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97761	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97763	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	97799	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	G0283	Administered through Evolent	Not Required	Not Required	Required	Not Required
Physical, Speech and Occupational Therapy Services	S8948	Administered through Evolent	Not Required	Not Required	Required	Not Required
Platelet Rich Plasma						
Platelet Rich Plasma	0232T		Required	Required	Required	Required
Platelet Rich Plasma	G0460		Required	Required	Required	Required
Platelet Rich Plasma	P9020		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies						
Pneumatic Compression Devices & Supplies	E0650		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0651		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0652		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0655		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0656		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0657		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0658		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0659		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0660		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0665		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0666		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0667		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0668		Required	Required	Not Required	Required
Pneumatic Compression Devices & Supplies	E0669		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0670		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0671		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Pneumatic Compression Devices & Supplies	E0672		Required	Required	Required	Not Covered
Pneumatic Compression Devices & Supplies	E0673		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0675		Required	Required	Required	Required
Pneumatic Compression Devices & Supplies	E0676		Required	Required	Required	Not Covered
Pneumatic Compression Devices & Supplies	E0683		Required	Required	Required	Not Covered
Private Duty Nursing						
Private Duty Nursing	T1000		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Private Duty Nursing	T10002		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Private Duty Nursing	T1003		Not Covered	Not Covered	Not Covered	Required for Medisource and Medisource Connect only
Prolotherapy						
Prolotherapy	M0076		Required	Required	Required	Not Covered
Pulse Dye Laser						
Pulse Dye Laser	17106		Required	Required	Required	Required
Pulse Dye Laser	17107		Required	Required	Required	Required
Pulse Dye Laser	17108		Required	Required	Required	Required
Radiation Oncology						
Radiation Oncology	76965	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77011	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77261	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77262	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77263	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77280	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	77285	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77290	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77293	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77295	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77299	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77300	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77301	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77306	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77307	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77316	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77317	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	77318	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77321	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77331	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77332	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77333	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77334	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77336	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77338	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77370	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77371	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77372	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	77373	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77387	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77399	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77402	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77407	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77412	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77417	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77423	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77427	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77431	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77432	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	77435	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77470	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77499	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77520	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77522	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77523	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77525	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77750	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77761	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77762	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77763	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	77767	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77768	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77770	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77771	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77772	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77778	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77789	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77790	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	77799	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	G0339	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiation Oncology	G0340	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Radiation Oncology	G0458	Administered through Evolent, and cancer diagnosis code	Required	Not Required	Required	Not Required
Radiopharmaceutical-Therapeutic						
Radiopharmaceutical-Therapeutic	A9513		Required	Required	Required	Required
Radiopharmaceutical-Therapeutic	A9517		Required	Required	Required	Required
Radiopharmaceutical-Therapeutic	A9543		Required	Required	Required	Required
Radiopharmaceutical-Therapeutic	A9606		Required	Required	Required	Required
Radiopharmaceutical-Therapeutic	A9607		Required	Required	Required	Required
Radiopharmaceutical-Therapeutic	A9615		Required	Required	Required	Required
Removal of Excess Skin						
Removal of Excess Skin	15832		Required	Required	Required	Required
Removal of Excess Skin	15833		Required	Required	Required	Required
Removal of Excess Skin	15834		Required	Required	Required	Required
Removal of Excess Skin	15835		Required	Required	Required	Required
Removal of Excess Skin	15836		Required	Required	Required	Required
Removal of Excess Skin	15837		Required	Required	Required	Required
Removal of Excess Skin	15838		Required	Required	Required	Required
Removal of Excess Skin	15839		Required	Required	Required	Required
Residential Rehabilitation Services UM						
Residential Rehabilitation Services UM	1002	Revenue Code and Modifier HF	Notification	Required	Not Covered	Required, Administered through Carelon BH
Residential Eating Disorder						
Residential Eating Disorder	1001	Revenue Code and Diagnosis Codes F50.00 - F50.9, F98.21 - F98.3	Notification	Required	Not Covered	Notification Administered through Carelon BH
Residential Mental Health						
Residential Mental Health	T2034, 1001	Revenue Code and not Diagnosis codes F50.00 - F50.9, F98.21 - F98.3	Notification	Required	Not Covered	Notification Administered through Carelon BH
Residential Rehabilitation for Youth						
Residential Rehabilitation for Youth	1002	Revenue Code	Notification	Required	Not Covered	Notification, Administered through Carelon BH
Residential Rehabilitation for Youth	H2036		Notification	Required	Not Covered	Notification, Administered through Carelon BH
Residential Stabilization Services UM						
Residential Stabilization Services UM	1002	Revenue Code and modifier TG	Notification	Required	Not Covered	Notification, Administered through Carelon BH
Residential Substance Abuse						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Residential Substance Abuse	1002		Notification	Required	Not Covered	Required, Administered through Carlon BH
Repair Pectus Excavatum						
Repair Pectus Excavatum	21740		Required	Required	Required	Required
Repair Pectus Excavatum	21742		Required	Required	Required	Required
Repair Pectus Excavatum	21743		Required	Required	Required	Required
Rhinoplasty						
Rhinoplasty	30120		Required	Required	Required	Required
Rhinoplasty	30400		Required	Required	Required	Required
Rhinoplasty	30410		Required	Required	Required	Required
Rhinoplasty	30420		Required	Required	Required	Required
Rhinoplasty	30430		Required	Required	Required	Required
Rhinoplasty	30435		Required	Required	Required	Required
Rhinoplasty	30450		Required	Required	Required	Required
Rhytidectomy						
Rhytidectomy	15824		Required	Required	Required	Required
Rhytidectomy	15825		Required	Required	Required	Required
Rhytidectomy	15826		Required	Required	Required	Required
Rhytidectomy	15828		Required	Required	Required	Required
Rhytidectomy	15829		Required	Required	Required	Required
Sacral Fusion						
Sacral Fusion	27278		Required	Required	Required	Required
Sacral Fusion	27279		Required	Required	Required	Required
Sacral Fusion	27280		Required	Required	Required	Required
Sacral Nerve Stimulation						
Sacral Nerve Stimulation	64561		Required	Required	Required	Required
Sacral Nerve Stimulation	64581		Required	Required	Required	Required
Sacroplasty						
Sacroplasty	0200T		Required	Required	Required	Required
Sacroplasty	0201T		Required	Required	Required	Required
Short Term Vent Beds						
Short Term Vent Beds	0101	Revenue Code and TOB 180" to "182", "210" to "222"	Required	Required	Required	Required
Shoulder Reconstruction Total						
Shoulder Reconstruction/Replacement Total	23470		Required	Required	Not Required	Required
Shoulder Reconstruction /Replacement Total	23472		Required	Required	Not Required	Required
Shoulder Revision						
Shoulder Revision	23473		Required	Required	Not Required	Required
Shoulder Revision	23474		Required	Required	Not Required	Required
Skilled Nursing Facility						
Skilled Nursing Facility	0191	Revenue Code	Required	Required	Required	Required
Skin Substitutes						
Skin Substitutes	A2022		Required	Required	Required	Required
Skin Substitutes	A2023		Required	Required	Required	Required
Skin Substitutes	A2024		Required	Required	Required	Required
Skin Substitutes	A2025		Required	Required	Required	Required
Skin Substitutes	A2030		Required	Required	Required	Required
Skin Substitutes	A2031		Required	Required	Required	Required
Skin Substitutes	A2033		Required	Required	Required	Required
Skin Substitutes	A2034		Required	Required	Required	Required
Skin Substitutes	A2035		Required	Required	Required	Required
Skin Substitutes	A2036		Required	Required	Required	Required
Skin Substitutes	A2037		Required	Required	Required	Required
Skin Substitutes	A2038		Required	Required	Required	Required
Skin Substitutes	A2039		Required	Required	Required	Required
Skin Substitutes	C9358		Required	Required	Required	Required
Skin Substitutes	Q4101		Required	Required	Required	Required
Skin Substitutes	Q4102		Required	Required	Required	Required
Skin Substitutes	Q4105		Required	Required	Required	Required
Skin Substitutes	Q4107		Required	Required	Required	Required
Skin Substitutes	Q4108		Required	Required	Required	Required
Skin Substitutes	Q4122		Required	Required	Required	Required
Skin Substitutes	Q4128		Required	Required	Required	Required
Skin Substitutes	Q4132		Required	Required	Required	Required
Skin Substitutes	Q4133		Required	Required	Required	Required
Skin Substitutes	Q4151		Required	Required	Required	Required
Skin Substitutes	Q4154		Required	Required	Required	Required
Skin Substitutes	Q4186		Required	Required	Required	Required
Skin Substitutes	Q4187		Required	Required	Required	Required
Skin Substitutes	Q4291		Required	Required	Required	Required
Skin Substitutes	Q4346		Required	Required	Required	Required
Skin Substitutes	Q4347		Required	Required	Required	Required
Skin Substitutes	Q4348		Required	Required	Required	Required
Skin Substitutes	Q4349		Required	Required	Required	Required
Skin Substitutes	Q4350		Required	Required	Required	Required
Skin Substitutes	Q4351		Required	Required	Required	Required
Skin Substitutes	Q4352		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Spider Vein	36468		Required	Required	Required	Required
Stress Echocardiography						
Stress Echocardiography	93350	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93351	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93320	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93321	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93325	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93352	Administered through Evolent	Required	Not Required	Required	Required
Stress Echocardiography	93356	Administered through Evolent	Required	Not Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Subacute						
Subacute	0120	Revenue code with bill type 280 - 280Z, 0192, 0193, 0194, 0199	Required	Required	Required	Required
Subacute Complex Care						
Subacute Complex Care	0193	Revenue Code	Required	Required	Required	Required
Subacute Intensive Care						
Subacute Intensive Care	0194	Revenue Code	Required	Required	Required	Required
Substance Abuse Inpatient Rehab						
Substance Abuse Inpatient Rehab	0118	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Rehab	0128	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Rehab	0138	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Rehab	0148	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Rehab	0158	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification						
Substance Abuse Inpatient Detoxification	0116	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification	0126	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification	0136	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification	0146	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification	0156	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Substance Abuse Inpatient Detoxification	0204	Revenue Code	Required	Required	Required	Required, Administered through Carelon BH
Telemonitoring						
Telemonitoring	S9110		Not Required	Not Required	Not Required	Required
Thoracic-Dissectomy						

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Thoracic-Discectomy	63077		Required	Required	Required	Required
Thoracic-Discectomy	63078		Required	Required	Required	Required
Thoracic Fusion						
Thoracic Fusion	22532		Required	Required	Required	Required
Thoracic Fusion	22556		Required	Required	Required	Required
Thoracic Fusion	22610		Required	Required	Required	Required
Thoracic Fusion	22800		Required	Required	Required	Required
Thoracic Fusion	22802		Required	Required	Required	Required
Thoracic Fusion	22804		Required	Required	Required	Required
Thoracic Fusion	22812		Required	Required	Required	Required
Thoracic Fusion	22818		Required	Required	Required	Required
Thoracic Fusion	22819		Required	Required	Required	Required
Thoracic Fusion	22836		Required	Required	Required	Required
Thoracic Fusion	22837		Required	Required	Required	Required
Thoracic Fusion	22838		Required	Required	Required	Required
Thoracic Laminectomy						
Thoracic Laminectomy	63003		Required	Required	Required	Required
Thoracic Laminectomy	63016		Required	Required	Required	Required
Thoracic Laminectomy	63046		Required	Required	Required	Required
TMJ MRI						
TMJ MRI	70336	Administered through Evolent	Required	Required	Required	Required
TMJ Surgery						
TMJ Surgery	21010		Required	Required	Required	Required
TMJ Surgery	21050		Required	Required	Required	Required
TMJ Surgery	21060		Required	Required	Required	Required
TMJ Surgery	21240		Required	Required	Required	Required
TMJ Surgery	21242		Required	Required	Required	Required
TMJ Surgery	21243		Required	Required	Required	Required
TMJ Surgery	29800		Required	Required	Required	Required
TMJ Surgery	29804		Required	Required	Required	Required
TranscraEvolentl Magnetic Stimulation						
TranscraEvolentl Magnetic Stimulation	90867		Required	Required	Required	Not Covered
TranscraEvolentl Magnetic Stimulation	90868		Required	Required	Required	Not Covered
TranscraEvolentl Magnetic Stimulation	90869		Required	Required	Required	Not Covered
Transportation Non Emergent-UM						
Transportation Non Emergent-UM	A0100		Required	Required	Required	Required
Transportation Non Emergent-UM	A0120		Required	Required	Required	Required
Transportation Non Emergent-UM	A0130		Required	Required	Required	Required
UPPP						
UPPP	42145		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy						
Vagus Nerve Stimulation VNS Therapy	0908T		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61863		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61864		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61867		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61868		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61885		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	61886		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	64553		Required	Required	Required	Required
Vagus Nerve Stimulation VNS Therapy	64568		Required	Required	Required	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Varicose Veins (used for Ablation and Litigation)						
Varicose Veins (used for Ablation and Litigation)	36475	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	36476		Not Required	Required	Not Required	Required
Varicose Veins (used for Ablation and Litigation)	36478	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	36479		Not Required	Required	Not Required	Required
Varicose Veins (used for Ablation and Litigation)	36482	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Not Covered
Varicose Veins (used for Ablation and Litigation)	36483		Not Required	Required	Not Required	Not Covered
Varicose Veins (used for Ablation and Litigation)	37700	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37718	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37722	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37735		Not Required	Required	Not Required	Required
Varicose Veins (used for Ablation and Litigation)	37760	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37761	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37765	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins (used for Ablation and Litigation)	37780	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Varicose Veins (used for Ablation and Litigation)	37785	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins Sclerotherapy/Phlebectomy						
Varicose Veins Sclerotherapy/Phlebectomy	36465	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins Sclerotherapy/Phlebectomy	36466	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Varicose Veins Sclerotherapy/Phlebectomy	36470		Not Required	Required	Not Required	Required
Varicose Veins Sclerotherapy/Phlebectomy	36471		Not Required	Required	Not Required	Required
Varicose Veins Sclerotherapy/Phlebectomy	37766	Administered through Evolent for Commercial and Medicare	Required through Evolent	Required	Required through Evolent	Required
Virtual Colonoscopy Screening						
Virtual Colonoscopy Screening	74263	Administered through Evolent	Required	Required	Required	Required
Virtual Colonoscopy Screening	0722T	Administered through Evolent	Required	Required	Required	Required
Virtual Colonoscopy						
Virtual Colonoscopy	74261	Administered through Evolent	Required	Required	Required	Required
Virtual Colonoscopy	74262	Administered through Evolent	Required	Required	Required	Required
Virtual Colonoscopy	0722T	Administered through Evolent	Required	Required	Required	Required
Vision Procedures						
Vision Procedures	65760		Required	Required	Required	Required
Vision Procedures	65765		Required	Required	Required	Required
Vision Procedures	65767		Required	Required	Required	Required
Vision Procedures	65771		Required	Required	Required	Required
Vision Procedures	S0800		Required	Required	Required	Required
Vision Procedures	S0810		Required	Required	Required	Required
Vision Procedures	S0812		Required	Required	Required	Required
Vision Procedures	S0596		Required	Required	Required	Required
Vision Therapy						
Vision Therapy	92065		Required	Required	Required	Required for Medisource, Medisource Connect, and Essential (Not Covered for CHP)

Category Name	Codes	Notes	Commercial	Self-funded	Medicare	State
Vision Therapy	92066		Required	Required	Required	Required for Medisource, Medisource Connect, and Essential (Not Covered for CHP)
Wheelchair Van						
Wheelchair Van	A0130		Required	Required	Required	Required
Wireless Capsule Endoscopy						
Wireless Capsule Endoscopy	91110		Required	Required	Required	Required
Wireless Capsule Endoscopy	91111		Required	Required	Required	Required