

Predetermination, Post-Service Review and Non-Covered

2022 Commercial Benefit Procedure Code List

Posted July 2022

EXCEPT AS OTHERWISE NOTED IN THE DATE COLUMN, THESE CODES ARE EFFECTIVE ON OR BEFORE JANUARY 1, 2022.

Our medical policy impacts all our coverage decisions. This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes that, based on our medical policy, are: - Subject to a medical necessity review,

Candidates for a predetermination,

Not a benefit for our members,

- Considered experimental, investigational and unproven (EIU), or

Not on our prior authorization list (with some exceptions based on members' benefit plans)

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply.

To make a request for a predetermination, refer to our Utilization Management information on our website. You can also submit a request through Availity. https://www.availity.com/

Procedure Code Groups Procedure Code Group Description						
Medical Policy Criteria (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.					
Criteria)	Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.					
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.					
Experimental, Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).					
Unlisted or Undefined	Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.					

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.

Codo	Code Description	Code Group & Description	Medical	Medical Policy Title	Effective	Fuding Date
Code	Code Description	Code Group & Description	Policy No.		Date	Ending Date
00104	Anesth Electroshock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.013	Electroconvulsive Therapy	-	-
00640	Anesth Spine Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
00797	Anesth Surgery For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
11200	Removal Of Skin Tags <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</td><td>-</td><td>-</td><td>10/1/2021</td><td>-</td></w>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	10/1/2021	-
11200	Removal Of Skin Tags <w 15<="" td=""><td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.</td><td>SUR716.001</td><td>Cosmetic and Reconstructive Procedures</td><td>-</td><td>9/30/2021</td></w>	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	9/30/2021
11201	Remove Skin Tags Add-On	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	10/1/2021	-
11201	Remove Skin Tags Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	9/30/2021
11920	Correct Skin Color 6.0 Cm/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	-	-
11921	Correct Skn Color 6.1-20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	-	-
11922	Correct Skin Color Ea 20.0Cm		SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	-	-
11950	Tx Contour Defects 1 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sieere Related Breathing Disorders: Surgical Management	-	-
11951	Tx Contour Defects 1.1-5.0Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender fassignment Surgery with Related Services Sieere Related Breathing Disorders: Surgical Management	-	-
11952	Tx Contour Defects 5.1-10Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sieze Related Breathing Discreters: Surgical Management	-	-
11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender fassignment Surgery with Related Services Sieere Related Breathing Disorders: Surgical Management	-	-
11960	Insert Tissue Expander(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
11970	Rplcmt Tiss Xpndr Perm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.001 SUR716.011	Breast Implant, Removal and/or Insertion Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	-	-
11980	Implant Hormone Pellet(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.063 SUR717.001 RX501.007 RX501.076	Compounded Drug Products Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	-	-
15758	Free Fascial Flap Microvasc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	-	-
15769	Grfg Autol Soft Tiss Dir Exc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15771	Grfg Autol Fat Lipo 50 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15772	Grfg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stern Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15775	Hair Trnspl 1-15 Punch Grfts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
15776	Hair Trnspl >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
15780	Dermabrasion Total Face		THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-

15781	Describer to Compare to Free	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures		
13/81	Dermabrasion Segmental Face	predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures		
15782	Dermabrasion Other Than Face	predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			THE801.030 THE801.028	Nonpharmacologic Treatment of Rosacea Acne Management		
15783	Dermabrasion Suprfl Any Site	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001	Cosmetic and Reconstructive Procedures		
		predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-
15786	Abrasion Lesion Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures		
		predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15787	Abrasion Lesions Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures	_	_
		predetermination to avoid post-service review.	SUR717.001 THE801.028	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Acne Management		
15788	Chemical Peel Face Epiderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Chemical Peels		
		predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	_	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.018	Acne Management Chemical Peels		
15789	Chemical Peel Face Dermal	predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			THE801.030 THE801.028	Nonpharmacologic Treatment of Rosacea Acne Management		
15792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.018 SUR717.001	Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			THE801.030	Nonpharmacologic Treatment of Rosacea		
15793	Characteric David Namforstal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.018	Acne Management Chemical Peels		
15/55	Chemical Peel Nonfacial	predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-
15820	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair		
15821	Revision Of Lower Evelid	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.004	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Blepharoplasty, Blepharoptosis and Brow Repair	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.004	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Blepharoplasty, Blepharoptosis and Brow Repair	-	-
15822	Revision Of Upper Eyelid	predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15823	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15824	Removal Of Forehead Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR716 001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	Constant of Forenead WHITIKIES	Prior Authorization per contract agreement.	SUR712.031	Surgical Deactivation of Headache Trigger Sites	-	-
15825	Removal Of Neck Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15826	Removal Of Brow Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUD716 001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	Removal of brow withinkes	Prior Authorization per contract agreement.	SUR712.031	Surgical Deactivation of Headache Trigger Sites	-	-
15828	Removal Of Face Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15829	Removal Of Skin Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
45030		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001	Cosmetic and Reconstructive Procedures		
15830	Exc Skin Abd	predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15832	Excise Excessive Skin Thigh	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	-	-
15833	Excise Excessive Skin Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15834	Excise Excessive Skin Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15835	Excise Excessive Skin Buttck	predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15836	Excise Excessive Skin Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures		
15650	Excise Excessive Skill Altin	predetermination to avoid post-service review.	SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15837	Excise Excess Skin Arm/Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		predetermination to avoid post-service review.	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	_	
15838	Excise Excess Skin Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		· · · · · · · · · · · · · · · · · · ·	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15839	Excise Excess Skin & Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid port-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		predetermination to avoid post-service review.	SUR716.017	Surgery for Lipedema and Lymphedema Surgical Treatment of Gynecomastia		
15847	Exc Skin Abd Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR701.024	Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	-	-
15876	Suction Lipectomy Head&Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	-	-
15877	Suction Lipectomy Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		· · ·	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15878	Suction Lipectomy Upr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15879	Suction Lipectomy Lwr Extrem	predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	_	_
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- THE801.028	- Acne Management		
17106	Destruction Of Skin Lesions	predetermination to avoid post-service reviewed against medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.008 THE801.030	Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	-	-
17107	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028	Acne Management		
1/10/	Destruction OF SKIN LESIONS	predetermination to avoid post-service review.	SUR704.008 THE801.030	Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	-	-
17108	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR704.008	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations	_	_
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	THE801.030	Nonpharmacologic Treatment of Rosacea	-	-
17340	Cryotherapy Of Skin	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE801.028	Acne Management	-	-
17300	Skie Beel Thomas	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THEROT COS	Asso Managamant		
17360	Skin Peel Therapy	predetermination to avoid post-service review.	THE801.028	Acne Management	-	-
17380	Hair Removal By Electrolysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
17999	Skin Tissue Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
19105	Cryosurg Ablate Fa Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	_
19300	Removal Of Breast Tissue	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.017	Surgical Treatment of Gynecomastia		
19303	Mast Simple Complete	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
	ax simple complete	predetermination to avoid post-service review.	SUR716.015 SUR717.001	Risk-Reducing (Prophylactic) Mastectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
19316	Suspension Of Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR716.010	Mastopexy	-	-
			SUR716.011	Reconstructive Breast Surgery		

21160 21188 21206 21208 21209 21249 21249 21299 21685 21899 22505	Lefort II W/Bone Grafts Lefort II W/Bone Grafts Lefort II W/Lefort I Lefort II W/Lefort I Lefort II W/Fhdw/D Lefort I Lefort II W/Fhdw/Lefort I Reconstruction Of Midface Reconstruct Upper Jaw Bone Augmentation Of Facial Bones Reduction Of Facial Bones Reconstruction Of Jaw Reconstruction Of Jaw Cranio/Maxillofacial Surgery Head Surgery Procedure Hyold Myotomy & Suspension Neck/Chest Surgery Procedure Manipulation Of Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service mexiemed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service mexiemed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030	Orthognathic Surgery Surgery Surgery Image: Surgery Orthognathic Surgery Image: Surgery	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
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21188	Lefort II W/O Lefort I Lefort II W/ Lefort I Lefort II W/Fhdw/O Lefort I Lefort II W/Fhdw/ Lefort I Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030 SUR705.030	Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery	- - - - -	-
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31100	Lefort III W/O Lefort I Lefort III W/ Lefort I Lefort III W/Fhdw/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.030 SUR705.030 SUR705.030	Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery	- - - -	-
21159	Lefort Iii W/O Lefort I Lefort Iii W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.030 SUR705.030	Orthognathic Surgery Orthognathic Surgery Orthognathic Surgery	- - -	-
	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement	SUR705.030 SUR705.030	Orthognathic Surgery Orthognathic Surgery	-	-
21154		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Decodure device provided against Medical Policy Criteria, may require	SUR705.030	Orthognathic Surgery	-	-
21154	Lefort Ii W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require			-	
21151		Prior Authorization per contract agreement.				-
21150	Lefort li Anterior Intrusion	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.010 SUR705.030	Temporomandibular Joint (TMJ) Disorders (TMJD) Orthognathic Surgery		
21147	Lefort I-3/> Piece W/ Graft	Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require		Temporomandibular Joint (TMJ) Disorders (TMJD) Orthognathic Surgery	_	_
21146	Lefort I-2 Piece W/ Graft	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Disc Authorization per contract expression		Temporomandibular Joint (TMJ) Disorders (TMJD) Orthognathic Surgery	_	_
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Sleep Related Breathing Disorders: Surgical Management Orthognathic Surgery Component (TANI) Disorders (TANI)	-	_
21127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthograthic Surgery Slope Related Reacting Discreter: Surgical Management	-	-
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR705.030 SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Gender Arcinement Surgery	-	-
			SUR706.009 SUR705.010 SUR717.001	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD) Gendre Assignment Surgery and Gendre Resignment Surgery with Belated Services		
21123	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery Sloap Related Reaching Disorder: Surgical Management	-	-
			SUR705.010 SUR716.001	Temporomandibular Joint (TMJ) Disorders (TMJD) Cosmetic and Reconstructive Procedures Gender Arcianneat Surgery and Gender Reconstruction and Control Reconstruction		
21122	Reconstruction Of Chin	predetermination to avoid post-service review.	SUR705.030 SUR706.009	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	-	-
21122	Beconstruction of the	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
			SUR706.009 SUR705.010 SUR716.001	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD) Cosmetic and Reconstructive Procedures		
21121	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.030	Orthognathic Surgery	-	-
			SUR716.001 SUR717.001	Temporomandiabilar Joint (TMU) Disorders (TMU) Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	sector of chill	predetermination to avoid post-service review.	SUR706.009 SUR705.010	Steep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
21120	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthograthic Surgery		
21089	Prepare Face/Oral Prosthesis	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- SUR716.001	- Cosmetic and Reconstructive Procedures	-	-
21073	Mnpj Of Tmj W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR705.010	Manipuation Under Anestnesia Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
20999	Musculoskeletal Surgery	contract/clinical review.	- THE803.016	– Manipulation Under Anesthesia	-	-
		review. Check EIU policy CPCPU8, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to	- 5 65.025		-	-
20985	Cptr-Asst Dir Ms Px	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Computer-Assisted Navigation for Orthopedic Procedures		
20983	Ablate Bone Tumor(S) Perg	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for producersitability to criteria conicer	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	_
20561	Ndl Insj W/O Njx 3+ Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Delta (CPCP)	SUR702.018	Dry Needling of Trigger Points for Myofascial Pain	-	-
20560	Ndl Insj W/O Njx 1 Or 2 Musc	Policy (CPCP).	SUR702.018	Dry Needling of Trigger Points for Myofascial Pain	-	-
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review (Check EII) and COPDR , which is no of aur Clinical Rumont and Coding				
20527	Inj Dupuytren Cord W/Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	_	
19499	Breast Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.031 SUR716.011	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Reconstructive Breast Surgery	-	-
		MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR716.021 SUR701.037	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery		
19371	Peri-Implt Capslc Brst Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	-	-
19370	Revj Peri-Implt Capsule Brst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	
19357	Tiss Xpndr Plmt Brst Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	_
19355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
19350	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	-	-
19342	Insj/Rplcmt Brst Implt Sep D	predetermination to avoid post-service review.	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	-	-
40745		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion Contemporation		
19340	Insj Breast Implt Sm D Mast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR717.001	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
19330	Rmvl Ruptured Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery Description Descrip	-	-
19328	Rmvl Intact Breast Implant	predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
19325	Breast Augmentation W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011 SUR716.009	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	-	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011 SUR716.012 SUR717.001	Reconstructive Breast Surgery Reduction Mammaplasty Condex Actionment Surgery with Peloted Conject		
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
			SUR716.001	Cosmetic and Reconstructive Procedures		

4300	Manipulate Elbow W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
4999	Upper Arm/Elbow Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
5259	Manipulate Wrist W/Anesthes	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- THE803.016	- Manipulation Under Anesthesia	-	-
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	THE803.016	Manipulation Under Anesthesia	-	-
5999	Forearm Or Wrist Surgery	contract/clinical review.	-	-	-	-
6340	Manipulate Finger W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
6341	Manipulat Palm Cord Post Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	-	-
6989	Hand/Finger Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-	-
7275	Manipulation Of Hip Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.016	Manipulation Under Anesthesia		-
7279	Arthrodesis Sacroiliac Joint	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.033	Sacroiliac Joint Fusion or Stabilization	-	-
	Fusion Of Sacroiliac Joint	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require			-	-
27280	Fusion Of Sacrolliac Joint	Prior Authorization per contract agreement.	SUR705.033 SUR702.017	Sacroillac Joint Fusion or Stabilization Facet Joint and Sacroillac Joint Denervation	-	-
27299	Pelvis/Hip Joint Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.019	Hip Resurfacing (HR)	_	_
		Prior Authorization per contract agreement until 04/01/2022.	SUR705.036 SUR705.029	Surgery for Groin Pain in Athletes Surgical Treatment of Femoroacetabular Impingement (FAI)		
7412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.035	Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	Moved to PA list	12/31/2021
7599	Leg Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
7702	Reconstruct Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.021	Total Ankle Replacement (TAR)	_	6/30/2022
7703	Reconstruction Ankle Joint	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.021	Total Ankle Replacement (TAR)		
7860	Fixation Of Ankle Joint	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.016	Maninulation Under Anesthesia	-	-
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	THE803.016	Manipulation Under Anesthesia	-	-
7899	Leg/Ankle Surgery Procedure	contract/clinical review	-	-	-	-
8446	Osteochondral Talus Autogrft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.020	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	-	-
8890	Hi Enrgy Eswt Plantar Fascia	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	_	_
		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
8899	Foot/Toes Surgery Procedure	contract/clinical review.	-	-	-	-
9440	Addition Of Walker To Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
9799	Casting/Strapping Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
9862	Hip Arthr0 W/Debridement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	6/30/2022
9866	Autgrft Impint Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.035	Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	-	-
9868	Meniscal Trnspl Knee W/Scpe	predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.034	Meniscal Allografts and Other Meniscal Implants	1/1/2022	6/30/2022
9914	Up Asthro W/Femerenlastu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.029	Surgical Transmost of Famoreaestabular langinger out (FAI)	1/1/2022	
.5514	Hip Arthro W/Femoroplasty	predetermination to avoid post-service review. PA maybe required until 04/01/2022.	301703.023	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29915	Hip Arthro Acetabuloplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	_
		04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				
29916	Hip Arthro W/Labral Repair	predetermination to avoid post-service review. PA maybe required until	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
		04/01/2022. MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)		
29999	Arthroscopy Of Joint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR705.041 SUR705.024	Thermal Capsulorrhaphy as a Treatment of Joint Instability Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	-	-
30400	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	-
30410	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
30420	Reconstruction Of Nose	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR706.001 SUR717.001	Nasal and Sinus Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		_
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR706.001 SUR717.001	Nasal and Sinus Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
80430	Revision Of Nose	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR706.001	Nasal and Sinus Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
30435	Revision Of Nose	Prior Authorization per contract agreement.	SUR706.001	Nasal and Sinus Surgery	-	-
0450	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	-
80468	Rpr Nsl Vlv Collapse W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.017	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	2/15/2021	5/14/2021
30468	Des Nelvils Colleges Williams	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUD305.043	Alexander Marcel Landon at few Transformer of Marcel Malexa Feiller	5/45/2024	
0408	Rpr Nsl Vlv Collapse W/Implt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	301/06.01/	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	5/15/2021	-
80999	Nasal Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	SUR706.001	-	-	-
1299	Sinus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	SUR706.019 SUR706.001	-	_	_
1599	Larynx Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	_	_	_
1647	Bronchial Valve Init Insert	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR706.015	- Bronchial Valves		- 6/30/2022
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	
1648	Bronchial Valve Remov Init	me create in a construction of the constructio	SUR706.015	Bronchial Valves	-	6/30/2022
1649	Bronchial Valve Remov Addl	predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	6/30/2022
1651	Bronchial Valve Addl Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	6/30/2022
	Airways Surgical Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
1899		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	-
	Ablate Pulm Tumor Perq Crybl	productormination to quaid part d		Microwave Tumor Ablation		
2994		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.038			-
2994 2998	Ablate Pulm Tumor Perq Rf	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR701.038 SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	
2994 2998 2999	Ablate Pulm Tumor Perq Rf Chest Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	-
2994 2998 2999	Ablate Pulm Tumor Perq Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			- - -	-
2994 2998 2999 3211	Ablate Pulm Tumor Perq Rf Chest Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria.	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	- - -	- - 6/30/2022
2994 2998 2999 3211 3213	Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Card Electrodes Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Service Service Service reviewed against Medical Policy Criteria. Submit for Service Service	SUR701.021 - MED202.054	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	- - - -	
32994 32998 32999 33211 33213 33225	Ablate Pulm Tumor Perg Rf Chest Surgery Procedure Insert Card Electrodes Dual Insert Pulse Gen Dual Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.021 - MED202.054 MED202.054	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	- - - -	
22994 22998 32299 32211 32213 32225 32274	Ablate Pulm Tumor Perg Rf Chest Surgery Procedure Insert Card Electrodes Dual Insert Pulse Gen Dual Leads L Ventric Pacing Lead Add-On Tcat Ins/Rpl Perm Ldls Pm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.021 - MED202.054 MED202.054 MED202.054 SUR707.030	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	- - - -	
22994 22998 32999 3211 3213 3223 3225 32274	Ablate Pulm Tumor Perg Rf Chest Surgery Procedure Insert Card Electrodes Dual Insert Pulse Gen Dual Leads L Ventric Pacing Lead Add-On Tcat Ins//Rpi Perm Ldls Pm Tcat Rmvi Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service service review. MP Criteria: Procedure/Service service review.	SUR701.021 - MED202.054 MED202.054 SUR707.030 SUR707.030	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver - Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Leadless Cardiac Pacemaker	- - - - -	- 6/30/2022 6/30/2022 - -
22994 22998 22999 3211 32213 32225 32274 32275 32285	Ablate Pulm Tumor Perg Rf Chest Surgery Procedure Insert Card Electrodes Dual Insert Pulse Gen Dual Leads L Ventric Pacing Lead Add-On T cat Ins//Rpl Perm Ldls Pm T cat Rmvl Perm Ldls Pm W/Img Insj Subg Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service service review.	SUR701.021 - MED202.054 MED202.054 SUR707.030 SUR707.030	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver - Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure Leadless Cardiac Pacemaker Leadless Cardiac Pacemaker Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	- - - - -	6/30/2022 - - -
31899 32994 32998 32999 33211 33213 33225 33274 33275 33285 33285 33286	Ablate Pulm Tumor Perg Rf Chest Surgery Procedure Insert Card Electrodes Dual Insert Pulse Gen Dual Leads L Ventric Pacing Lead Add-On Tcat Ins//Rpi Perm Ldls Pm Tcat Rmvi Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.021 - MED202.054 MED202.054 SUR707.030 SUR707.030	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	

33999	Cardiac Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR707.026 SUR701.009 SUR703.027	Cardiac Restoration and Remodeling Procedures Percutaneous and Surgical Closure of the Left Atrial Appendage for Stroke Prevention in Atrial Fibrillation Stem-Cell Threapy for the Treatment of Damaged Myocardium Due to Ischemia	-	-
36299	Vessel Injection Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
36465	Njx Noncmpnd Sclrsnt 1 Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36466	Njx Noncmpnd Scirsnt Mit Vn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36468	Njx Sclrsnt Spider Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36470	Njx Sclrsnt 1 Incmptnt Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36471	Njx Sclrsnt Mlt Incmptnt Vn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36473	Endovenous Mchnchem 1St Vein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR707.016	Varicose Vein Management	-	-
36474	Endovenous Mchnchem Add-On	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR707.016	Varicose Vein Management	-	-
36475	Endovenous Rf 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36476	Endovenous Rf Vein Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36478	Endovenous Laser 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36479	Endovenous Laser Vein Addon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management	_	_
36482	Endoven Ther Chem Adhes 1St	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
36483	Endoven Ther Chem Adhes Sbsg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
36516	Apheresis Immunoads Slctv	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	THE802.003	Lipid Apheresis	-	-
36522	Photopheresis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.026	Extracorporeal Photopheresis (ECP)	-	6/30/2022
37215	Transcath Stent Cca W/Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	-
37216	Transcath Stent Cca W/O Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	-
37217	Stent Placemt Retro Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	_
37218	Stent Placemt Ante Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	
37241	Vasc Embolize/Occlude Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	_	
37242	Vasc Embolize/Occlude Artery	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RAD601.047	Radioembolization for Primary and Metastatic Tumors of the Liver		
37243	Vasc Embolize/Occlude Organ	predetermination to avoid post-service review.	SUR701.015 THE801.022	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions Transcatheter Arterial Chemoembolization (TACE) of the Liver	-	-
37244	Vasc Embolize/Occlude Bleed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	-	-
37500	Endoscopy Ligate Perf Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
37700	Revise Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37718	Ligate/Strip Short Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37722	Ligate/Strip Long Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37735	Removal Of Leg Veins/Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	_
37760	Ligate Leg Veins Radical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	
37761	Ligate Leg Veins Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management	_	_
37765	Stab Phleb Veins Xtr 10-20	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37766	Phleb Veins - Extrem 20+	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37780	Revision Of Leg Vein	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37785	Ligate/Divide/Excise Vein	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37799	Vascular Surgery Procedure	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	501007.010		-	-
38129		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
38129	Laparoscope Proc Spleen	contract/clinical review.	-	- Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	-	-
			SUR703.037 SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.043 SUR703.047	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.047 SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039	Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
38204	Bl Donor Search Management	predetermination to avoid post-service review.	SUR703.033	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031	Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloprointerative Neoplasms (MPN) Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			SUR703.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		

			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
1			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
1			SUR703.043	Recipient Information)		
			SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoletic Cell Transplantation for Acquired Immunobericlency Syndrome (AIDS) Hematopoletic Cell Transplantation for Autoimmune Diseases		
			SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38205	Harvest Allogeneic Stem Cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
	Harvest Mildgenete Stern Cell	predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias		
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031	Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
		SUR703.043	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)			
		SUR703.047	Hematopoletic Cell Transplantation as a reachient of Active Lymphobiastic Leukenna (ALL) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)			
		SUR703.036	Hematopoietic Cell Transplantation for Autoimmune Diseases			
		SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer			
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703 034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38206	Harvest Auto Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	_	
		Prior Authorization per contract agreement.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias		
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035	Hematopoletic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoletic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031	Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
		SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)			
			SUR703.043	Recipient information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
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			SUR703.036	Hematopoietic Cell Transplantation for Autoimmune Diseases		
1			SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer		
1			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
1			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
1			SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38207	Cryopreserve Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
1		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodekin Lymphoma (HL)	-	
			SUR703.042	Hematopoletic Cell Transplantation for Hodgkin Lympnoma (HL) Hematopoletic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043	Recipient information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
1			SUR703.047	Hematopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoietic Cell Transplantation for Autoimmune Diseases		
1			SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MD Criteria Branches Jacobia	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38208	Thaw Preserved Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	-	
		preverentimation to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.042	Hematopoletic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoletic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035	Hematopoletic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
1			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
1			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
1			SUR703.048	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
1			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
1			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
1			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
1			SUR703.002	Hematopoletic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
1			SUR703.043	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
1			SUR703.047	Hematopoletic Cell Transplantation as a freatment of Active Lymphobastic Leukenia (ALL) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
1			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38209	Wash Harvest Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias		-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
1			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
1			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
1			SUR703.031	Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
1			SUR703.046	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
1			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
1			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			501705.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		

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8210 T-						
3210 Т-			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
3210 T.			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
3210 T.			SUR703.043	Recipient Information)		
3210 Τ·			SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
3210 T			SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases		
3210 T			SUR703.038	Hematopoletic Cell Transplantation for Breast Cancer		
3210 т			SUR703.039	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
3210 т			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
8210 т			SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
	T-Cell Depletion Of Harvest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.042	Hematopoletic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroelobulinemia		
			SUR703.045	Hematopoletic Cell Transplantation for Waldenström Walcoglobulinemia		
				Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.037	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
		SUR703.002 SUR703.043	Recipient Information)			
		SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)			
		SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)			
		SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases			
		SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma			
		SUR703.029	Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)			
			SUR703.041	Hematopoletic Cell Transplantation for Chronic Eynphocyce Lebkemia (CEC) and Small Eymphocyce Eymphoma (SEC) Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia		
8211 T	Tumor Cell Deplete Of Harvst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
1 11	rumor cen pepiete Or Harvst	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Non-Hodekin Lymphomas		
			SUR703.030	Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoletic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046	Hematopoletic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.044	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			5010 05:045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
		SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and			
			SUR703.043	Recipient Information)		
			SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoletic Cell Transplantation for Autoimmune Diseases		
			SUR703.038	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
8212 R	Rbc Depletion Of Harvest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	_	_
		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
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			SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039	Hematopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Autoimmune Diseases Hematopoletic Cell Transplantation for Terast Cancer Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.043 SUR703.047 SUR703.036 SUR703.038	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunoeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Streast Cancer Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
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8213 P	Platelet Deplete Of Harvest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for ordetermination to avoid post-service review.	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.029 SUR703.041 SUR703.034 SUR703.033	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acuterimmune Diseases Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Serast Cancer Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for 5 ptiholial Ovarian Cancer	-	_
1213 P	Platelet Deplete Of Harvest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.043 SUR703.036 SUR703.038 SUR703.038 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acuimeum Diseases Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Central Nervous System Enbryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
3213 P	Platelet Deplete Of Harvest		SUR703.043 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acuterimmune Diseases Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Serast Cancer Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for 5 ptiholial Ovarian Cancer	-	-
3213 P.	Platelet Deplete Of Harvest		SUR703.043 SUR703.036 SUR703.038 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.034 SUR703.040 SUR703.040 SUR703.042 SUR703.042	Hematopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Synfrome (AIDS) Hematopoletic Cell Transplantation for Autoimmune Diseases Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Control Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Epithelial Ovarian Cancer Hematopoletic Cell Transplantation for Hogiku Divases and Acquired Anemias Hematopoletic Cell Transplantation for Hogiku Divases and Acquired Anemias	-	-
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43659 43770	Laparoscope Proc Stom	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR716.003	- Bariatric Surgery	-	-
42650	Lanarorcone Bree Stars					
+3044	cap Gascric Bypass/Roux-En-Y	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	308/10.003	มลายนาะ วงปฐยาง	-	-
43644	Lap Gastric Bypass/Roux-En-Y	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery	-	-
43633	Removal Of Stomach Partial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery		
43499	Esophagus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022.		-	-	-
43289	Laparoscope Proc Esoph	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43284	Laps Esophgl Sphnctr Agmntj	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR709.036	Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)	-	-
43257	Egd W/Thrml Txmnt Gerd	me cheria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43253	Egd Us Transmural Injxn/Mark	me Ciferia. Procedure/service reviewed against Medical Policy Ciferia. Subinit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43252	Egd Optical Endomicroscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Confocal Laser Endomicroscopy (CLE)	-	-
42252	Fed Ontion! For dearing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)		
43236	Uppr Gi Scope W/Submuc Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003 RX501.019	Bariatric Surgery Botulinum Toxin	_	_
43210	Egd Esophagogastrc Endoplsty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43206	Esoph Optical Endomicroscopy	EUC: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.038	Confocal Laser Endomicroscopy (CLE)	-	-
42999	Throat Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-	-
42699	Salivary Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
42299	Palate/Uvula Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
42145	Repair Palate Pharynx/Uvula	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	6/30/2022
41899	Dental Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	-
41872	Repair Gum	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-	-
41870	Gum Graft	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	_	_	_	_
41830	Removal Of Gum Tissue	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
41828	Excision Of Gum Lesion	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
41822	Excision Of Gum Lesion	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
41821	Excision Of Gum Flap Excision Of Gum Lesion	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
41820	Excision Gum Each Quadrant	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
41599	Tongue And Mouth Surgery	Contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
		review. Check Elu policy CPCPU8, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	-
41530	Tongue Base Vol Reduction	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver		
40899	Mouth Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
40799	Lip Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to context clinical context.	_	-	_	_
39599	Diaphragm Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
38999	Blood/Lymph System Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
38589	Laparoscope Proc Lymphatic Blood/Lymph System Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
38308 38589	Incision Of Lymph Channels	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR701.024	Surgery for Lipedema and Lymphedema	-	-
20200		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			SUR703.030 SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.032 SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.042 SUR703.035 SUR703.032	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
38243	Transplj Hematopoietic Boost	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	-
20242	Transali Manatan (Ma	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukenia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.037 SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
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			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Plmary Systemic Amyloidosis		
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			SUR703.042 SUR703.035	Hematopoietti Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietti Cell Transplantation for Malignant Astrocytomas and Gliomas		
38242	Transplt Allo Lymphocytes	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	-
20242	Torona da Alla Lanacha a da a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.047 SUR703.036	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.002 SUR703.043	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		

43771	Lap Revise Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43772	Lap Rmvl Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43773	Lap Replace Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery		
43774	Lap Rmvl Gastr Adj All Parts	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
43775	Lap Sleeve Gastrectomy	predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43842	V-Band Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43843	Gastroplasty W/O V-Band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43845	Gastroplasty Duodenal Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43846	Gastric Bypass For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery	_	_
43847	Gastric Bypass Incl Small I	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery	_	
43848		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	
	Revision Gastroplasty	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.003	Bariatric Surgery	-	-
43886	Revise Gastric Port Open	predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43887	Remove Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43888	Change Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
43999	Stomach Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	-	_	_
44238	Laparoscope Proc Intestine	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
44705	Prepare Fecal Microbiota	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR703.049	-	-	6/30/2022
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR703.049	Fecal Microbiota Transplantation (FMT)	-	6/30/2022
44799	Unlisted Px Small Intestine	contract/clinical review.	-	-	-	-
44899	Bowel Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
44979	Laparoscope Proc App	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
45399	Unlisted Procedure Colon	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
45499	Laparoscope Proc Rectum	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
45999	Rectum Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
45555	needan suber y roccaute	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-	-
46707	Repair Anorectal Fist W/Plug	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR709.032	Plugs for Fistula Repair	-	-
46999	Anus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
47370	Laparo Ablate Liver Tumor Rf	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR709.029	- Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	501705.025		-	-
47379	Laparoscope Procedure Liver	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
47380	Open Ablate Liver Tumor Rf	predetermination to avoid post-service review.	SUR709.029	Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
47382	Percut Ablate Liver Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.038 SUR709.029	Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
47399	Liver Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	_
47579	Laparoscope Proc Biliary	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
		contract/clinical review.	-	-	-	-
47579 47999	Laparoscope Proc Biliary Bile Tract Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022.	-	-	-	-
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47999	Bile Tract Surgery Procedure	contract/clinical review. Unlistel: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service on specifically defined or classified, may be subject to	-			-
47999 48999 49329	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - -	- - - -		-
47999 48999 49329 49659	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair	contract/clinical review. Unlistei: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlistei: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlistei: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - -	- - - - -		-
47999 48999 49329 49659 49699	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - -	- - - - - -	- - - - -	- - - - - -
47999 48999 49329 49659	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - SUR701.018		- - - - -	- - - - - - - -
47999 48999 49329 49659 49699	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to protection to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for	- - -	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant	-	- - - - - - - -
47999 48999 49329 49659 49659 50250 50250 50360	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure Cryoablate Renal Mass Open Transplantation Of Kidney	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Cinteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - SUR701.018 SUR703.007	Kidney Transplant	-	- - - - - - - - -
47999 48999 49329 49659 49999 50250 50360 50549	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure Cryoablate Renal Mass Open Transplantation Of Kidney Laparoscope Proc Renal	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Cinteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - SUR701.018 SUR703.007 SUR703.008 SUR703.008	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	- - - - - - - - - - -	- - - - - - - - - - -
47999 48999 49329 49659 49659 50250 50250 50360	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure Cryoablate Renal Mass Open Transplantation Of Kidney	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - SUR701.018 SUR703.007 SUR703.008 SUR703.008	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant	- - - - - - - - - - - - -	- - - - - - - - - - - - - -
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47999 48999 49329 4959 4959 50250 50360 50549	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Abdm/Per/Oment Caparo Proc Hernia Repair Cryoablate Renal Mass Open Transplantation Of Kidney Laparoscope Proc Renal Perc Rf Ablate Renal Tumor	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation - Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	- - - - - - - - - - - -	- - - - - - - - - - - - - - - -
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47999 48999 49329 49659 49659 50250 50250 50360 50549 50592 50593 50594 51715 51999	Bile Tract Surgery Procedure Pancreas Surgery Procedure Laparo Proc Abdm/Per/Oment Laparo Proc Hernia Repair Abdomen Surgery Procedure Cryoablate Renal Mass Open Transplantation Of Kidney Laparoscope Proc Renal Perc Rf Ablate Renal Tumor Perc Cryo Ablate Renal Tumo Laparoscope Proc Ureter Endoscopic Injection/Implant Laparoscope Proc Bla	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement until 03/31/2022. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service on specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service on specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors - Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence -	- - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
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55706	Prostate Saturation Sampling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.015	Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer, Including Comprehensive 3D Mapping with Biopsy	-	6/30/2022
55880	Abltj Mal Prst8 Tiss Hifu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer	2/1/2021	-
55899	Genital Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022.	SUR717.014 SUR701.031 SUR710.019	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Intersitial Tumor Therapy (LITT) Nevre Graft With Radical Prozetatectomy	-	-
55970	Sex Transformation M To F	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
55980	Sex Transformation F To M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
56805	Repair Clitoris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
56810	Repair Of Perineum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	_	-
57291	Construction Of Vagina	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	-
57292	Construct Vagina With Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
57335	Repair Vagina	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
57426	Revise Prosth Vag Graft Lap	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.030 SUR717.001	Sexual Dysfunctions, Assessment and Treatment Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
58578	Laparo Proc Uterus	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
58579	Hysteroscope Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
58674	Laps Abltj Uterine Fibroids	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR701.033	- Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	-	6/30/2022
58679		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	300701.033	caparoscopic, Percutaneous and manscervical rechniques for the wyorysis of otenne horiorus	-	0/30/2022
	Laparo Proc Oviduct-Ovary	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
58999	Genital Surgery Procedure	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Criteria.	-	-	-	-
59897	Fetal Invas Px W/Us	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.016	Fetal Surgery for Prenatally Diagnosed Malformations	-	6/30/2022
59898	Laparo Proc Ob Care/Deliver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
59899	Maternity Care Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
60659	Laparo Proc Endocrine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
60699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
61630	Intracranial Angioplasty	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED202.064 SUR701.027	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61635	Intracran Angioplsty W/Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.064 SUR701.027	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61645	Perq Art M-Thrombect &/Nfs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	_	6/30/2022
61650	Evasc Pring Admn Rx Agnt 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61651	Evasc Pring Admn Rx Agnt Add	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures		
61850	Implant Neuroelectrodes	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Deep Brain Stimulation (DBS)		
61863	Implant Neuroelectrode	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR712.039 SUR714.009 SUR712.025	Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy Auditory Brainstem Implant Deep Brain Stimulation (DBS)	_	_
61864	Implant Neuroelectrde Addi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR712.039 SUR714.009 SUR712.025	Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy Auditory Brainstem Implant Deep Brain Stimulation (DBS)		
c2202	Facility of Locia Mark Constants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.039	Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	2022 05 04	2022 07 24
62263	Epidural Lysis Mult Sessions	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
02203	Epidular Lysis Walt Sessions	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	501712.024	Lysis of Epidelia Auricesions	2022-00-01	-
62264	Epidural Lysis On Single Day	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
62264	Epidural Lysis On Single Day	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		Lysis of Epidural Adhesions	2022-08-01	-
64561	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Sacral Nerve Neuromodulation/Stimulation	-	-
64581	Implant Neuroelectrodes	MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	⁹ SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	-
64582	Opn Mpltj Hpglsl Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	2022-05-01	-
64628	Trml Dstrj los Bvn 1St 2 L/S	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
64628	Trml Dstrj los Bvn 1St 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	-
64629	Trml Dstrj los Bvn Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
64629	Trml Dstrj los Bvn Ea Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	-
64640	Injection Treatment Of Nerve	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.040	Ablation of Peripheral Nerves to Treat Pain	5/15/2021	
64999	Nervous System Surgery	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.019 SUR703.003 SUR702.017 RX504.015 SUR712.024 SUR710.031 MED205.037 SUR712.033 MED205.032 MED205.036 MED205.039	-	-	-
65760	Revision Of Cornea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	MED201.039 2 -	_	_	-
65770	Revise Cornea With Implant	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- OTH903.030	- Keratoprosthesis	_	_
65785	Impltj Ntrstrml Crnl Rng Seg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.031	Implantation of Intrastromal Corneal Ring Segments	-	~
66174	Translum Dil Eye Canal	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.032	Viscocanalostomy and Canaloplasty	-	-
66175	Trnslum Dil Eye Canal W/Stnt	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.032	Viscocanalostomy and Canaloplasty Viscocanalostomy and Canaloplasty	-	-
66179		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.032		-	-
	Aqueous Shunt Eye W/O Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Aqueous Shunts and Stents for Glaucoma	-	-
66180 66183	Aqueous Shunt Eye W/Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	5/1/2021	-
66989	-	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	*******	- 2022-03-15	-
	Xcpsl Ctrc Rmvl Cplx Insj 1+ Xcapsl Ctrc Rmvl Insj 1+	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	2022-03-15	-
66991	Acabai erie Milivi Iliaj 1+	predetermination to avoid post-service review.	JUN/13.054	Aqueous shalls and stells for disaconia	2022-03-13	-

66999	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review	-	-
67299	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – –	-	-
67399	Unlisted Px Extraocular Musc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_
67599	Orbit Surgery Procedure	contract/clinical review.		
		contract/clinical review. – – – – – – – – – – – – – – – – – – –	-	-
67900	Repair Brow Defect	Prior Authorization per contract agreement. SUR712.031 Surgical Deactivation of Headache Trigger Sites	-	-
67901	Repair Eyelid Defect	predetermination to avoid post-service review.	-	-
67902	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Blepharoplasty, Blepharoplasty, Blepharoptosis and Brow Repair	-	-
67903	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.004 Blepharoplastv. Blepharoptosis and Brow Repair	_	-
67904	Repair Eyelid Defect	prededermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.004 Blepharoptasty, Blepharoptasis and Brow Repair		
67906	Repair Eyelid Defect	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.004 Blepharoptosis and Brow Repair	-	-
		predetermination to avoid post-service review. Joint 2000 a contract of the service review. Joint 2000 a contract of the service review.	-	-
67908	Repair Eyelid Defect	predetermination to avoid post-service review. Johr 10.004 Diepinalopilassy, diepinalopilassy, diepinalopilassy	-	-
67999	Revision Of Eyelid	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
68399	Eyelid Lining Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – –	-	-
68899	Tear Duct System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_
69090	Pierce Earlobes	contract/Clinical review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.001 Cosmetic and Reconstructive Procedures	-	
		predetermination to avoid post-service review. Survival and the service of the se	-	-
69300	Revise External Ear	predetermination to avoid post-service review.	-	-
69399	Outer Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
69705	Nps Surg Dilat Eust Tube Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR706.018 Balloon Dilation of the Eustachian Tube	1/15/2021	-
69706	Nps Surg Dilat Eust Tube Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR706.018 Balloon Dilation of the Eustachian Tube	1/15/2021	_
69714		predetermination to avoid post-service review. MP Critical's Drondurd Source avoidewed against Medical Policy Criteria, may remuire		
	Implant Temple Bone W/Stimul	Prior Authorization per contract agreement. MP Criticals - Procedure / Review d spainst Medical Policy Criteria may require	-	-
69715	Temple Bne Implnt W/Stimulat		-	12/31/2021
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.003 Implantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
69718	Revise Temple Bone Implant	Prior Authorization per contract agreement. Implantable Bone-Conduction and Bone-Anchored Hearing Aids	_	12/31/2021
69799	Middle Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to		
69930		contract/clinical review. – – – – – – – – – – – – – – – – – – –	-	-
	Implant Cochlear Device	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
69949	Inner Ear Surgery Procedure	contract/clinical review.	-	-
69979	Temporal Bone Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
76496	Fluoroscopic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – –	-	-
76497	Ct Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to		
76409		contract/clinical review. – – – – – United Proceeding Section 2010 and 100	-	-
76498	Mri Procedure	contract/clinical review. – – – Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
76499	Radiographic Procedure			
		contract/clinical review.	-	-
76999	Echo Examination Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
76999 77299	Echo Examination Procedure Radiation Therapy Planning	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
77299 77399	Radiation Therapy Planning External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – – – – – – – – – – – – – – – – – –	-	-
77299 77399 77499	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – – – – – – – – – – – – – – – – – –	- - - -	-
77299 77399	Radiation Therapy Planning External Radiation Dosimetry	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – – – – – – – – – – – – – – – – – –	- - - -	- - - -
77299 77399 77499	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-	- - - - -
77299 77399 77499 77799	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management Radium/Radioisotope Therapy	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – – – – – – – – – – – – – – – – – –	-	- - - - -
77299 77399 77499 77799 78099 78199	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management Radium/Radioisotope Therapy Endocrine Nuclear Procedure Blood/Lymph Nuclear Exam	Unisted: Procedure/service not specifically defined or classified, may be subject to - - Contract/clinical review. - - - Unisted: Procedure/service not specifically defined or classified, may be subject to - - - Unisted: Procedure/service not specifically defined or classified, may be subject to - - - - Unisted: Procedure/service not specifically defined or classified, may be subject to -<		-
77299 77399 77499 77799 78099 78199 78299	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management Radium/Radioisotope Therapy Endocrine Nuclear Procedure Blood/Lymph Nuclear Exam Gi Nuclear Procedure	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically de	-	-
77299 77399 77499 77799 78099 78199 78199 78299 78399	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management Radium/Radioisotope Therapy Endocrine Nuclear Procedure Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – Unisted: Procedure/service not specifically de	- - - - - - - - - -	-
77299 77399 77499 77799 78099 78199 78299	Radiation Therapy Planning External Radiation Dosimetry Radiation Therapy Management Radium/Radioisotope Therapy Endocrine Nuclear Procedure Blood/Lymph Nuclear Exam Gi Nuclear Procedure	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - Unisted: Procedure/service not specifically de	- - - - - - - - - - - - -	-
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83987	Exhaled Breath Condensate	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.024	Measurement of Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	-	-
84112	Eval Amniotic Fluid Protein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB401.018	Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy	-	-
84431	Thromboxane Urine	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED207.148	Measurement of Thromboxane Metabolites in Urine	-	-
84999	Clinical Chemistry Test	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
85999	Hematology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
		contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
86001	Allergen Specific Igg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED206.001	Allergy Management	-	-
86343	Leukocyte Histamine Release	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED206.001	Allergy Management	-	-
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.147	Immune Cellular Function Assay to Monitor and Predict Immune Function	-	-
86353	Lymphocyte Transformation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED207.088	Intracellular Micronutrient Analysis	_	_
86486	Skin Test Nos Antigen	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
86849	Immunology Procedure	contract/clinical review.	-	-	-	-
86910	Blood Typing Paternity Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	-	-	-	-
86911	Blood Typing Antigen System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	-	-
86950	Leukacyte Transfusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.037 SUR703.043 SUR703.043 SUR703.047 SUR703.036 SUR703.036 SUR703.036 SUR703.039 SUR703.041 SUR703.041 SUR703.041 SUR703.042 SUR703.042 SUR703.042 SUR703.042 SUR703.035 SUR703.035 SUR703.046 SUR703.045	Hematopoletic Cell Transplantation for Actute Myelogenous Leukemia (AML) Hematopoletic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoletic Cell Transplantation for Acuired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Acuired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia (LLL) and Small Lymphocytic Leukemia Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Splatical Ovarian Cancer Hematopoletic Cell Transplantation for Splatical Ovarian Cancer Hematopoletic Cell Transplantation for Splatical Ovarian Cancer Hematopoletic Cell Transplantation for Hodgikin Dymphoma (HL) Hematopoletic Cell Transplantation for Hodgikin Lymphoma (SLL) Hematopoletic Cell Transplantation for Myelodysplastic Syndromes Aduits Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (Cell Transplantation for Sidi Turnos in Children Hematopoletic Cell Transplantation for Sidi Turnos in Children	-	-
86999	Transfusion Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
87505		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		- Castrointertinal Banels	-	-
	Nfct Agent Detection Gi	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED207.155	Gastrointestinal Panels	-	-
87506	ladna-Dna/Rna Probe Tq 6-11	predetermination to avoid post-service review.	MED207.155	Gastrointestinal Panels	-	-
87507	ladna-Dna/Rna Probe Tq 12-25	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.155	Gastrointestinal Panels	-	-
87797	Detect Agent Nos Dna Dir	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
87798	Detect Agent Nos Dna Amp	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
87799		contract/clinical review.	-		-	-
31133	Detect Agent Noc Dog Quant	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Detect Agent Nos Dna Quant	contract/clinical review.	-	-	-	-
87899	Detect Agent Nos Dna Quant Agent Nos Assay W/Optic	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	<u>-</u>	- - -	-	-
87899	Agent Nos Assay W/Optic	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	- - -	- - - -	-	-
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87899 87999 88000 88005	Agent Nos Assay W/Optic Microbiology Procedure Autopsy (Necropsy) Gross Autopsy (Necropsy) Gross	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- -	- - - - -	- - - -	- - - -
87899 87999 88000 88005 88007	Agent Nos Assay W/Optic Microbiology Procedure Autopsy (Necropsy) Gross Autopsy (Necropsy) Gross Autopsy (Necropsy) Gross	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	- 2 - -	- - - - - -	- - - -	- - - -
87899 87999 88000 88005 88007 88012	Agent Nos Assay W/Optic Microbiology Procedure Autopsy (Necropsy) Gross Autopsy (Necropsy) Gross	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	- - - -	- - - - - - - -	- - - - -	- - - - -
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89337	Cryopreservation Oocyte(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89342	Storage/Year Embryo(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89343	Storage/Year Sperm/Semen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89344	Storage/Year Reprod Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89346	Storage/Year Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
89398	Unlisted Reprod Med Lab Proc	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	
90283	Human Ig Iv	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Autism Spectrum Disorders (ASD)		
90284	Human Ig Sc	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
	-	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require			-	-
90378	Rsv Mab Im 50Mg	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	-	-
90399	Immune Globulin	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
90584	Dengue Vacc Quad 2 Dose Subq	review.	-	-	7/1/2022	_
90689	Vacc liv4 No Prsrv 0.25Ml Im	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
90749	Vaccine Toxoid	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-		-	-
90867	Tcranial Magn Stim Tx Plan	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	-
90868	Tcranial Magn Stim Tx Deli	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	-
90869	Tcran Magn Stim Redetemine	predetermination to avoid post-service review.	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	-
90870	Electroconvulsive Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.013	Electroconvulsive Therapy	-	-
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90875	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.019 PSY301.016	Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence		
	, - порнузно-Бсат пістару	predetermination to avoid post-service review.	PSY301.007	Biofeedback for Miscellaneous Indications	-	-
			PSY301.011 MED205.022	Neurofeedback Treatment of Tinnitus		
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90876	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.019 PSY301.016	Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence	_	_
		predetermination to avoid post-service review.	PSY301.007 PSY301.011	Biofeedback for Miscellaneous Indications Neurofeedback	-	-
			MED205.022	Neuroreeddack Treatment of Tinnitus		
90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.001	Hypnosis	-	6/30/2022
90880	Hypnotherapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	7/1/2022	_
90885	Psy Evaluation Of Records	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
90889	Preparation Of Report	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
90899	Psychiatric Service/Therapy	contract/clinical review.	- PSY301.018	-	-	-
				Bioteedback as a Treatment of Chronic Pain		
1			PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90901	Biofeedback Train Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.017 PSY301.019 PSY301.016	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Utinary Incontinence	-	_
90901	Biofeedback Train Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.017 PSY301.019	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache	-	-
		predetermination to avoid post-service review.	PSY301.017 PSY301.019 PSY301.016 PSY301.007	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence Biofeedback for Miscellaneous Indications	-	-
90912	Bfb Training 1St 15 Min	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.017 PSY301.019 PSY301.016 PSY301.007 PSY301.011 MED205.022 PSY301.017 PSY301.016	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Uninary Incontinence Biofeedback as a Treatment of Uninary Incontinence or Constipation Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Uninary Incontinence	- 4/1/2021	-
90912 90913	Bfb Training 1St 15 Min Bfb Training Ea Addl 15 Min	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service review.	PSY301.017 PSY301.019 PSY301.016 PSY301.007 PSY301.011 MED205.022 PSY301.017 PSY301.016	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headsche Biofeedback as a Treatment of Urinary Incontinence Biofeedback for Miscellaneous Indications Neurofeedback Treatment of Tinnitus Biofeedback as a Treatment of Fecal Incontinence or Constipation	- 4/1/2021 4/1/2021	-
90912	Bfb Training 1St 15 Min	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service enviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	PSY301.017 PSY301.019 PSY301.016 PSY301.017 PSY301.011 MED205.022 PSY301.017 PSY301.016 PSY301.017	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Uninary Incontinence Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Uninary Incontinence		-
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90912 90913 90999 91034	Bfb Training 1St 15 Min Bfb Training Ea Addl 15 Min Dialysis Procedure Gastroesophageal Reflux Test	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.017 PSY301.019 PSY301.016 PSY301.017 PSY301.011 MED205.022 PSY301.016 PSY301.016 PSY301.016 PSY301.016 - MED201.005	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headsche Biofeedback as a Treatment of Urinary Incontinence Biofeedback as a Treatment of Urinary Incontinence Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Gecal Incontinence or Constipation Biofeedback as a Treatment of Urinary Incontinence Biofeedback as a Treatment of Urinary Incontinence Biofeedback as a Treatment of Urinary Incontinence Esophageal pH Monitoring	4/1/2021 _ _	-
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92499	Eye Service Or Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
92512	Nasal Function Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED204.004	Rhinomanometry, Acoustic Rhinometry, Optical Rhinometry and Acoustic Pharyngometry	-	-
92517	Vemp Test I&R Cervical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92517	Vemp Test I&R Cervical	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.047	Vestibular Function Testing	5/15/2021	-
92518	Vemp Test I&R Ocular	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92518	Vemp Test I&R Ocular	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.047	Vestibular Function Testing	5/15/2021	-
92519	Vemp Tst I&R Cervical&Ocular	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92519	Vemp Tst I&R Cervical&Ocular	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.047	Vestibular Function Testing	5/15/2021	-
92546	Sinusoidal Rotational Test	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testine		
92548	Cdp-Sot 6 Cond W/I&R	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Dynamic Posturography	_	_
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.026	Dynamic Posturography	_	_
92640	Aud Brainstem Implt Programg	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR714.009	Auditory Brainstem Implant		
92700	Ent Procedure/Service	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	301714.005	Autory pronsten impone	-	-
		contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-		-	-
93050	Art Pressure Waveform Analys	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED202.070	Non-Invasive Measurement of Central Blood Pressure (cBP)	-	-
93228	Remote 30 Day Ecg Rev/Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	-	-
93229	Remote 30 Day Ecg Tech Supp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	-	-
93660	Tilt Table Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.048	Tilt Table Testing	-	-
93702	Bis Xtracell Fluid Analysis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.036	Bioimpedance Devices for Detection and Management of Lymphedema	-	-
93740	Temperature Gradient Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.014	Thermography	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.023	Cardiac Rehabilitation (CR)	-	-
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.023	Cardiac Rehabilitation (CR)	-	-
93799	Cardiovascular Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
93998	Noninvas Vasc Dx Study Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
94014	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.040	Home Spirometry	-	-
94015	Patient Recorded Spirometry	Policy (CPCP).	DME101.040	Home Spirometry	-	-
94016	Review Patient Spirometry	Policy (CPCP).	DME101.040	Home Spirometry	-	-
94452	Hast W/Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
94453	Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
94799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
95060	Eye Allergy Tests	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED206.001 PSY301.014	Allergy Management Autism Spectrum Disorders (ASD)	-	-
95065	Nose Allergy Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED206.001 PSY301.014	Allergy Management Autism Spectrum Disorders (ASD)	-	-
95199	Allergy Immunology Services	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
95700	Eeg Cont Rec W/Vid Eeg Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95705	Eeg W/O Vid 2-12 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95709	Eeg W/O Vid Ea 12-26Hr Intmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95711	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		-
95712	Veeg 2-12 Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95714	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95715	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95716	Veeg Ea 12-26Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		
95720	Eeg Phy/Qhp Ea Incr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		-
95725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95726	Eeg Phy/Qhp>84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-

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	95961	Electrode Stimulation Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	6/30/2022
NormalNormalNormal Normal Normal Normal 	95962	Electrode Stim Brain Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Intraoperative Neurophysiologic Monitoring (IONM)	_	6/30/2022
	95965	Meg Spontaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.014	Autism Spectrum Disorders (ASD)	-	_
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Physician Standby Services Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	99199	Special Service/Proc/Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
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No Description review. -	99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	review.	-	-	1/1/2021	-
	99450	Basic Life Disability Exam	review.	-	-	-	-
	99451	Ntrprof Ph1/Ntrnet/Ehr 5/>		-	-	1/1/2021	-

99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –	-	1/1/2021	-
99453	Rem Mntr Physiol Param Setup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99454	Rem Mntr Physiol Param Dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
99455	Work Related Disability Exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_	_
99456	Disability Examination	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	_
99457	Rem Physiol Mntr 1St 20 Min	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	
99491	Chrnc Care Mgmt Svc 30 Min	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-
99499	Unlisted E&M Service	review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-
		contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
99600	Home Visit Nos	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-
0052U	Lpoprtn Bld W/5 Maj Classes	Policy (CPCP). MEDIC OF CPCP08, which is one of our Clinical Payment and Coding MED207.008 Policy (CPCP).	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	-
005 47	Rono Scott County Fluor Image	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Computer Assisted Naviables for Ochonadis Decedures		
0054T	Bone Srgry Cmptr Fluor Image	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.023 Policy (CPCP).	Computer-Assisted Navigation for Orthopedic Procedures	-	-
0055T	Bone Srgry Cmptr Ct/Mri Imag	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	-	-
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0062U	Ai Sle Igg&Igm Alys 80 Bmrk	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.159 Policy (CPCP).	Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases	-	-
0063U	Neuro Autism 32 Amines Alg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PSY301.014	Autism Spectrum Disorders (ASD)		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-
0066U	Pamg-1 la Cervico-Vag Fluid	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB401.018	Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy	-	-
0075T	Perq Stent/Chest Vert Art	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR701.041	Endovascular Therapies for Extracranial Vertebral Artery Disease	-	_
0076T	S&I Stent/Chest Vert Art	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR701.041	Endovascular Therapies for Extracranial Vertebral Artery Disease	_	
0084U	Rbc Dna Gnotyp 10 Bld Groups	Predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-
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	Nfct Ds Bact&Fng Org Id 6+	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-
0087U	Crd Hrt Trnspl Mrna 1283 Gen	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-
0088U	Trnsplj Kdn Algrft Rej 1494	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-
0089U	Onc Minma Prame & Linc00518	review	-	-	-
0090U	Onc Cutan Minma Mrna 23 Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		-	-
0091U	Onc Circt Scr Whi Bid Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0094U	Genome Rapid Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –	-	_	-
0095U	Inflm Ee Elisa Alys Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –	_	_	_
0096U	Hpv Hi Risk Types Male Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	-
0097U	Gi Pathogen 22 Targets	review. – Non Covered: Procedure/service may not covered by the Plan.			
0098U	Respir Pathogen 14 Targets	Procedure/service reviewed against Medical Policy Criteria. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	3/31/2021
0099U	Respir Pathogen 20 Targets	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	3/31/2021
00550	Nespii Factiogen 20 Targets	review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	3/ 31/ 2021
0100T	Prosth Retina Receive&Gen		Retinal Prosthesis		-
0100U		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR713.026 Policy (CPCP).		-	
	Respir Pathogen 20 Targets	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	3/31/2021
		Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. U: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	3/31/2021
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0115U	Respir ladna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
0116U	Rx Mntr Nzm Ia 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0118U	Trnsplj Don-Drv Cll-Fr Dna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
0119U	Crd Ceramides Lin Chrom Plsm	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		·	-	-
		review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		·	-	-
0120U	Onc B Cll Lymphm Mrna 58 Gen	review		-	-	-
0121U	Sc Dis Vcam-1 Whole Blood	review			-	-
0122U	Sc Dis P-Selectin Whl Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review			-	-
0123U	Mchnl Fragility Rbc Prflg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		-	-	-
0129U	Hered Brst Ca Ritd Do Panel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –		-	-	-
0130U	Hered Colon Ca Do Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0131U	Hered Brst Ca Ritd Do Pnl 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
0132U	Hered Ova Ca Ritd Do Pni 17	review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		·	-	-
0133U	Hered Prst8 Ca Ritd Do 11	review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		·	-	-
		review		-	-	-
0134U	Hered Pan Ca Mrna Pnl 18 Gen	review		-	-	-
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			-	-
0136U	Atm Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –		-	-	-
0137U	Palb2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0138U	Brca1 Brca2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	_	_
042511		review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				0/20/2000
0139U	Neuro Austm Meas 6 C Metablt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PSY301.0 Policy (CPCP).	014 .	Autism Spectrum Disorders (ASD)	-	9/30/2021
0140U	Nfct Ds Fungi Dna 15 Trgt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			-	-
0141U	Nfct Ds Bact&Fng Gram Pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_	_
0142U	Nfct Ds Bact&Fng Gram Neg	review				
0143U	Drug Assay 120+ Rx/Metablt	review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		•	-	-
		review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
0144U	Drug Assay 160+ Rx/Metablt	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
0145U	Drug Assay 65+ Rx/Metablt	review		-	-	-
0146U	Drug Assay 80+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –		-	-	-
0147U	Drug Assay 85+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –		-	-	-
0148U	Drug Assay 100+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0149U	Drug Assay 60+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_	_
0150U	Drug Assay 120+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
0151U	Nfct Bct/Vir Resp Nfctj 33	review		·	-	3/31/2022
		review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		•	-	5/51/2022
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
0153U	Onc Breast Mrna 101 Genes	review		-	-	-
0154U	Onc Urthl Ca Rna Fgfr3 Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
0155U	Onc Brst Ca Dna Pik3Ca Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
0156U	Copy Number Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
0157U	Apc Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_	_
0158U	Mlh1 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
0159U	Msh2 Mrna Seq Alys	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		·	-	-
		review		-	-	-
0160U	Msh6 Mrna Seq Alys	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
0161U	Pms2 Mrna Seq Alys	review			-	-
0162U	Hered Colon Ca Trgt Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
0191T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR713.	3.034	Aqueous Shunts and Stents for Glaucoma	5/1/2021	12/31/2021
0198T	Ocular Blood Flow Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.	3.022	Ophthalmologic Techniques For Evaluating Glaucoma		
		Policy (CPCP).			-	-
0202T	Post Vert Arthrplst 1 Lumbar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR712.	2.034	Facet Arthroplasty	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0207T	Clear Eyelid Gland W/Heat	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903. Policy (CPCP).	3.025	Eyelid Thermal Pulsation	-	-
0219T	Plmt Post Eacot Imple Con-	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	2 032	Isolated Facet Joint Fusion		
52231	Plmt Post Facet Implt Cerv	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR712. Policy (CPCP).			-	-
0220T	Plmt Post Facet Implt Thor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR712.	2.032	Isolated Facet Joint Fusion	_	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0221T	Plmt Post Facet Implt Lumb	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR712. Policy (CPCP).	1.032	Isolated Facet Joint Fusion	-	-
0222T	Plant Doct Egent Imple 4 1 1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	2 022	Indiated Excet Joint Euripe		
02221	Plmt Post Facet Implt Addl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR712. Policy (CPCP).		Isolated Facet Joint Fusion	-	-
0232T	Njx Platelet Plasma	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service RX501.1 review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PX501.0		Orthopedic Applications of Platelet-Rich Plasma Recombinant and Autologous Platelet-Decised Growth Eactors for Wound Healing and Other Neo-Orthopedic Conditions	_	_
		Policy (CPCP). MR Criteria: Brocedure (caprice reviewed against Medical Policy Criteria: Submit for		Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions		
0253T	Insert Aqueous Drain Device	predetermination to avoid post-service review. SUR/13. FIL: Procedure/cause and reinburged by the Plan. Not subject to pro-cause.		Aqueous Shunts and Stents for Glaucoma	-	-
0263T	Im B1 Mrw Cel Ther Cmpl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR703.		Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Orthopedic Applications of Stem-Cell Therapy		
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). SUR703.		Orthopedic Applications of Stem-Leii Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0265T	Im B1 Mrw Cel Ther Hrvst Onl	review Check FILL policy CBCR08, which is one of our Clinical Payment and Coding		Orthopedic Applications of Stem-Cell Therapy		
0265T	Im B1 Mrw Cel Ther Hrvst Onl	Policy (CPCP). SUR703.		Urthopedic Applications of Stem-Leil Interapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-

		FILL Decoders from the net estadement in the Disc. Not estimate a sector				
0278T	Tempr	Policy (CPCP)	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	-	-
0312T	Laps Impltj Nstim Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0313T	Laps Rmvl Nstim Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	_
0314T	Laps Rmvl Vgl Arry&Pls Gen	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	
0315T	Rmvl Vagus Nerve Pls Gen	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0316T		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require			2/15/2021	-
	Replc Vagus Nerve Pls Gen	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Vagus Nerve Blocking Therapy for Treatment of Obesity		-
0317T	Elec Alys Vagus Nrv Pls Gen	Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0330T	Tear Film Img Uni/Bi W/I&R		OTH903.025	Eyelid Thermal Pulsation	-	-
0331T	Heart Symp Image Plnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD604.012	Myocardial Sympathetic Innervation Imaging in Patients With Heart Failure	4/1/2021	-
0335T	Insj Sinus Tarsi Implant	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.027	Subtalar Arthroereisis (STA)	-	-
0338T	Trnscth Renal Symp Denrv Unl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	-
0339T	Trnscth Renal Symp Denrv Bil	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	-
0347T	Ins Bone Device For Rsa	Policy (CPCP).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0348T	Rsa Spine Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0349T	Rsa Upper Extr Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0350T	Rsa Lower Extr Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0352T	Oct Brst/Node I&R Per Spec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for	RAD601.053	Optical Coherence Tomography of the Breast	-	-
0354T	Oct Breast Surg Cavity I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RAD601.053	Optical Coherence Tomography of the Breast	-	-
0355T	Gi Tract Capsule Endoscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RAD601.042	Wireless Capsule Endoscopy (WCE) To Diagnose Disorders of The Small Bowel, Esophagus, And Colon	-	12/31/2021
0358T	Bia Whole Body	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.045	Whole Body Composition Analysis using Dual X-Ray Absorptiometry (DXA) or Bioelectrical Impedance Analysis (BIA)	-	-
0376T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	12/31/2021
0378T	Visual Field Assmnt Rev/Rprt		MED201.044	Home-Based Monitoring of Visual Field	-	-
0379T	Vis Field Assmnt Tech Suppt		MED201.044	Home-Based Monitoring of Visual Field	-	-
0397T	Ercp W/Optical Endomicroscpy		MED201.038	Confocal Laser Endomicroscopy (CLE)	-	_
0398T	Mrgfus Strtctc Les Abltj	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.022	Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)		
0402T	Colgn Cross-Link Crn Med Sep	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.028	Corneal Collagen Cross-Linking	_	6/30/2022
0423T	Assay Secretory Type li Pla2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED207.134	Measurement of Phospholipase A2 in the Assessment of Cardiovascular Risk	-	12/31/2021
0424T	Insj/Rplc Nstim Apnea Compl	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0425T	Insj/Rplc Nstim Apnea Sen Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0426T	Insj/Rplc Nstim Apnea Stm Ld	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0427T		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
	Insj/Rplc Nstim Apnea Pls Gn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Phrenic Nerve Stimulation for Central Sleep Apnea Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022	-
0428T		EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.042			-
0428T 0429T	Insj/Rplc Nstim Apnea Pls Gn	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
	Insj/Rplc Nstim Apnea Pls Gn Rmvl Nstim Apnea Pls Gen	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022	- - - -
0429T	Insj/Rpic Nstim Apnea Pis Gn Rmvi Nstim Apnea Pis Gen Rmvi Nstim Apnea Sen Ld	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea Phrenic Nerve Stimulation for Central Sleep Apnea Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022 4/1/2022	- - - -
0429T 0430T	Insj/Rpic Nstim Apnea Pls Gn Rmvl Nstim Apnea Pls Gen Rmvl Nstim Apnea Sen Ld Rmvl Nstim Apnea Stimj Ld	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022 4/1/2022 4/1/2022	- - - - -
0429T 0430T 0431T	Insj/Rplc Nstim Apnea Pls Gn Rmvl Nstim Apnea Pls Gen Rmvl Nstim Apnea Sen Ld Rmvl Nstim Apnea Stimj Ld Rmvl/Rplc Nstim Apnea Pls Gn	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC98, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC98, which is one of our Clinical Payment and Coding Policy (CPC).	SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022	- - - - - -
0429T 0430T 0431T 0432T	Insj/Rplc Nstim Apnea Pls Gn Rmvl Nstim Apnea Pls Gen Rmvl Nstim Apnea Sen Ld Rmvl Nstim Apnea Stimj Ld Rmvl/Rplc Nstim Apnea Pls Gn Repos Nstim Apnea Stimj Ld	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding	SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022	- - - - - - - -
0429T 0430T 0431T 0432T 0433T	Insj/Rpic Nstim Apnea Pls Gn Rmvl Nstim Apnea Pls Gen Rmvl Nstim Apnea Sen Ld Rmvl Nstim Apnea Stimj Ld Rmvl/Rpic Nstim Apnea Pls Gn Repos Nstim Apnea Stimj Ld Repos Nstim Apnea Sensing Ld	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinic	SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022	- - - - - - - -
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0429T 0430T 0431T 0432T 0433T 0434T 0435T 0436T 0444T 0445T	I Insj/Rpic Nstim Apnea PIs Gen Rmvl Nstim Apnea PIs Gen Rmvl Nstim Apnea Sen Ld Rmvl Nstim Apnea Sen Ld Rmvl/Rpic Nstim Apnea Stimj Ld Rmvl/Rpic Nstim Apnea Stimj Ld Repos Nstim Apnea Stimj Ld Repos Nstim Apnea Sensing Ld Prgrmg Eval Npgs Apnea 1 Ses Prgrmg Eval Npgs Apnea 1 Ses Stip Pimt Drug Elut Oc Ins Sbsqt Pimt Drug Elut Oc Ins	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (C	SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042 SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea Phrenic Nerve Stimulation for Central Sleep Apnea <td< td=""><td>4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022</td><td></td></td<>	4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022	
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0429T 0430T 0431T 0432T 0433T 0433T 0434T 0435T 0436T 0444T 0445T 0449T	Insj/Rpic Nstim Apnea Pls Gen Rmvl Nstim Apnea Pls Gen Rmvl Nstim Apnea Sen Ld Rmvl/Rpic Nstim Apnea Stimj Ld Rmvl/Rpic Nstim Apnea Stimj Ld Rmvl/Rpic Nstim Apnea Stimj Ld Repos Nstim Apnea Stimj Ld Repos Nstim Apnea Stimj Ld Prgrmg Eval Npgs Apnea 1 Ses Prgrmg Eval Npgs Apnea 1 Ses Stim Drug Elut Oc Ins Susqt Plmt Drug Elut Oc Ins Insj Aqueous Drain Dev 1St Insj Aqueous Drain Dev 1St	 EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subjec	SUR701.042 SUR701	Phrenic Nerve Stimulation for Central Sleep Apnea Drug-Eluding Intracanalicular Punctal Plugs and Ocular Inserts Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022 4/1/2022	

0466T	Insj Ch Wal Respir Eltrd/Ra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	12/31/2021
0470T	Oct Skn Img Acquisj I&R 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	-
0471T	Oct Skn Img Acquisj I&R Addl	predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	-
0472T	Prgrmg Io Rta Eltrd Ra	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR713.026	Retinal Prosthesis	-	-
0473T	Reprgrmg Io Rta Eltrd Ra	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR713.026	Retinal Prosthesis	-	-
0474T	Insj Aqueous Drg Dev Io Rsvr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	-
0479T	Fxjl Abl Lsr 1St 100 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	4/1/2021	-
0480T	Fxjl Abl Lsr Ea Addl 100Sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	4/1/2021	-
0485T	Oct Mid Ear I&R Unilateral	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.046	Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions	-	-
0486T	Oct Mid Ear I&R Bilateral	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.046	Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions	-	-
0493T	Near Ifr Spectrsc Of Wounds	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.006	Foot Care Services	-	-
0499T	Cysto F/Urtl Strix/Stenosis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR710.026	Optilume (Drug Coated Balloon) for the Treatment of Urethral Stricture Conditions	-	-
0507T	Near Ifr 21mg Mibmn Glnd I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.025	Eyelid Thermal Pulsation	-	-
0508T	Pls Echo Us B1 Dns Meas Tib	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.071	Pulse-Echo Ultrasound Bone Density Measurement	-	-
0509T	Pattern Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.036	Electroretinography (ERG), Multi-Focal Electroretinography (mfERG) And Pattern Electroretinography (PERG)	2/15/2021	5/14/2021
0509T	Pattern Erg W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.036	Electroretinography (ERG), Multi-Focal Electroretinography (mfERG) And Pattern Electroretinography (PERG)	5/15/2021	-
0511T	Rmvl&Rinsj Sinus Tarsi Implt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.027	Subtalar Arthroereisis (STA)	-	-
0512T	Esw Integ Wnd Hlg 1St Wnd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
0513T	Esw Integ Wnd Hlg Ea Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
0524T	Ev Cath Dir Chem Abltj W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	4/1/2021	-
0533T	Cont Rec Mvmt Do 6-10 Days	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	-	-
0534T	Cont Rec Mvmt Do Setup&Train	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	-	-
0535T	Cont Rec Mvmt Do Reprt Cnfig	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	-	-
0536T	Cont Rec Mvmt Do DI W/I&R	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	-	-
0548T	Tprnl Balo Cntnc Dev Bi	Folicy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.036	Implanted Adjustable Continence Therapy	-	12/31/2021
0549T	Tprnl Balo Cntnc Dev Uni	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.036	Implanted Adjustable Continence Therapy	-	12/31/2021
0550T	Tprnl Balo Cntnc Dev Rmvl Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.036	Implanted Adjustable Continence Therapy	-	12/31/2021
0551T	Tprnl Balo Cntnc Dev Adjmt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.036	Implanted Adjustable Continence Therapy	-	12/31/2021
0563T	Evac Meibomian Glnd Heat Bi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	CPCP028	Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)	-	-
0565T	Autol Cell Implt Adps Hrvg	MP criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	4/1/2021	8/14/2021
0565T	Autol Cell Implt Adps Hrvg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	8/15/2021	-
0566T	Autol Cell Implt Adps Njx	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid port conico avoider.	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	4/1/2021	8/14/2021
0566T	Autol Cell Implt Adps Njx	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC)	SUR703.051	Orthopedic Applications of Stem Cell Therapy (including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	8/15/2021	-
0587T	Perq Impltj/Rplcmt Isdns Ptn	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
0588T	Revision/Removal Isdns Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
0589T	Elec Alys Smpl Prgrmg lins	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	_
0590T	Elec Alys Cplx Prgrmg lins	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	
0602T	Transdermal Gfr Measurements	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.050	Transfermal Glomerular Filtration Rate	4/1/2021	_
0603T	Transdermal Gfr Monitoring	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.050	Transdermal Glomerular Filtration Rate	4/1/2021	_
0615T	Eye Mvmt Alys W/O Calbrj I&R	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	_
0620T	Evasc Ven Artlz Tibl/Prnl Vn	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
0621T	Trabeculostomy Interno Laser	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
0622T	Trabeculostomy Int Lsr W/Scp	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	
0623T	Auto Quantification C Plaque	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	
0624T	Auto Quan C Plaq Data Prep	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	
0625T	Auto Quan C Plaq Cptr Alys	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
		Policy (CPCP).			., _,	-

	Restrata per sg cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2006	Novosorb synpath per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2005	Microlyte matrix per sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2005	Microlyte matrix per sq cm	predetermination to avoid post-service review. SUR/04.011 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2004	Xcellistem per sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for private service reviewed against Medical Policy Criteria.	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2004	Xcellistem per sq cm	predetermination to avoid post-service review. SUN704.011 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2002	Mirragen adv wnd mat per sq	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for FURP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for Support Support Suppor		4/15/2022	-
A2002	Mirragen adv wnd mat per sq	predetermination to avoid post-service review. Solivous Salivous S	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2001	Innovamatrix Ac Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUB2704.011		2022-04-15	-
A0999	Unlisted Ambulance Service	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-
A0888	Noncovered Ambulance Mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	IS Ambulance and Medical Transport Services	-	-
A0436	Rotary Wing Air Mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ADM1001.0	15 Ambulance and Medical Transport Services	-	-
A0435	Fixed Wing Air Mileage	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require ADM1001.0 Prior Authorization per contract agreement.	IS Ambulance and Medical Transport Services	-	-
A0431	Rotary Wing Air Transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for ADM1001.0	5 Ambulance and Medical Transport Services	_	-
A0430	Level 1 (Als 1) Fixed Wing Air Transport	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require ADM1001.0		_	_
A0426	Ambulance Service Advanced Life Support Non-Emergency Transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	15 Ambulance and Transport Services	2014-09-15	_
0670T	Bkbench Rcnstj Don Uter Artl	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0670T	Bkbench Rcnstj Don Uter Artl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0669T	Bkbench Rcnstj Don Uter Ven	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0669T	Bkbench Rcnstj Don Uter Ven	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0668T	Bkbench Prep Don Uter Algrft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0668T	Bkbench Prep Don Uter Algrft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0667T	Don Hysterectomy Rcp Uter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0667T	Don Hysterectomy Rcp Uter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. OB402.023 EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0666T	Don Hysterectomy Laps Liv	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0666T	Don Hysterectomy Laps Liv	predetermination to avoid post-service review. C0402.023 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0665T	Don Hysterectomy Open Liv	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB402.023 Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 00402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0665T	Don Hysterectomy Open Liv	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
	Don Hysterectomy Open Cdvr	Policy (CPCP).	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0664T		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-,,
0658T	Elec Impd Spectrsc 1+Skn Les Don Hysterectomy Open Cdvr	predetermination to avoid post-service review. MED201.02 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for OB402.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Services for Infertility and Recurrent Fetal Loss	7/1/2021	- 8/14/2021
	Vrt Bdy Tethering Ant 8+ Seg	Policy (CPCP).		7/1/2021	-
0657T		Policy (CPC) Policy (CPC) EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC90, which is one of our Clinical Payment and Coding SUR705.04E			
0656T	Vrt Bdy Tethering Ant <7 Seg	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elu policy CPCP08, which is one of our Clinical Payment and Coding SUR705.046	Intracardiac Ischemia Detection Systems) Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis	7/1/2021	_
0650T	Prgrmg Dev Eval Scrms Remote	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MFD202.00	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and		
0645T 0646T	Tcat Impltj C Sins Rdctj Dev Ttvi/Rplcmt W/Prstc Vlv Perq	MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. ADM1001.0 ADM1001.0 ADM1001.0		7/1/2021	-
0643T	Tcat L Ventr Rstrj Dev Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ADM1001.0 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 100 PC riteria: Procedure/service reviewed against Medical Policy Criteria. PC riteria: PC riteria: PC riteria: PC riteria: PC riteria: PC riteria		7/1/2021	-
0642T	Nente Nr Ifr Spetrse Wnd I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-
0641T	Nente Nr Ifr Spetrse Wnd Img	Policy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0	2 Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	
0640T	Ncntc Nr Ifr Spctrsc Wnd	Policy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0	2 Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	_
0639T	Wrls Skn Snr Anisotropy Meas	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0632T	Perq Tcat Us Abltj Nrv P-Art	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elu policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0631T	Tc Vis Lit Hyperspectral Img	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
06301	Perq Njx Algc Ct Lmbr Ea	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0630T	Deve Mite Mar Chileria 5	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		4/4/2024	
0629T	Perq Njx Algc Ct Lmbr 1St	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
0628T	Perq Njx Algc Fluor Lmbr Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0627T	Perq Njx Algc Fluor Lmbr 1St	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0626T	Auto Quan C Plaq I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding ADM1001.0 Policy (CPCP).	2 Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			

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Matrix <th< td=""><td>A2008</td><td>Theragenesis per sq cm</td><td>EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011</td><td>Amniotic Membrane and Amniotic Fluid</td><td>4/15/2022</td><td>-</td></th<>	A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
<table-row><table-row> 30 None None<</table-row></table-row>	A2009	Symphony per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
<table-row><table-row></table-row><table-row><table-row>Non-N</table-row></table-row></table-row>	A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
Partner	A2010	Apis per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
	A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
Partner	A2011	Supra Sdrm Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	_
Partner	A2012	Suprathel Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	
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<table-row><table-row></table-row><table-row></table-row><table-row></table-row><table-row></table-row><table-row></table-row></table-row>	A4100	Skin Sub Fda Clrd As Dev Nos	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	
matrix matrix matrix matrix 	44267	Mala Canalam	Policy (CPCP).	-		
Math and any			review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	-	-	-
March 1000Non-Normal Action and a point of the sector of the			Prior Authorization per contract agreement.	Sacial Nerve Neuromodulation/stimulation	-	-
Mathem Mathem Mathem Mathem Mark Mark Mark Mark Mark Mark Mark Mark				-	-	-
Mathematicant and any the base of a part of a second any and a part of a second a secon				-	-	-
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value value <t< td=""><td></td><td></td><td>review</td><td>-</td><td>-</td><td>-</td></t<>			review	-	-	-
Mode of a standard o			review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MED201.039	-	-	-
Name Note of the section		· · · ·	predetermination to avoid post-service review. MED201.039 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service PSY301.014		-	-
Name Name <t< td=""><td>A4575</td><td>Hyperbaric O2 Chamber Disps</td><td>review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding</td><td></td><td>-</td><td>-</td></t<>	A4575	Hyperbaric O2 Chamber Disps	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		-	-
Media Mathematical and a constraint of a second and a second	A4600	Sleeve Inter Limb Comp Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MED202.060 predetermination to avoid post-service review. MED202.073		-	-
<table-row><table-row></table-row><table-row></table-row><table-row></table-row><table-row></table-row></table-row>	A4639	Infrared Ht Sys Replcmnt Pad	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME101.045	Skin Contact Monochromatic Infrared Energy (MIRE)	-	-
open particle open pa	A4641	Radiopharm Dx Agent Noc		-	-	-
Main Marka M	A4649	Surgical Supplies		-	-	-
Main Margin M	A4890	Repair/Maint Cont Hemo Equip		-	-	-
image image <t< td=""><td>A4913</td><td>Misc Dialysis Supplies Noc</td><td></td><td>-</td><td>-</td><td>-</td></t<>	A4913	Misc Dialysis Supplies Noc		-	-	-
wildw	A4927	Non-Sterile Gloves		-	-	-
Model Addition Model A	A4931	Reusable Oral Thermometer		-	-	-
Nome Markade lander were set and status of the s	A4932	Reusable Rectal Thermometer		-	-	-
Mode with Work Mode with Work Mode With Work Mode With Work Mode Work Mo	A5507	Modification Diabetic Shoe	contract/clinical review.	-	-	-
Non-Non-Control (Second) (Second) 	A6000	Wound Warming Wound Cover	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME101.050	Noncontact Normothermic Wound Therapy	-	-
Mathematical distance of a proceed of a standard distance of a proceed of a pr	A6261	Wound Filler Gel/Paste /Oz	contract/clinical review.	-	-	-
Series for some some some some some some some some	A6262	Wound Filler Dry Form / Gram	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
Marcial Schwarter	A6512	Compres Burn Garment Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
No. 10 Index part of the second process freedom proces	A6549	G Compression Stocking	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
Part Part Part Part Part Part Part Part	A9150	Misc/Exper Non-Prescript Dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-
Barbane Boder Schwarzen generation of the schw	A9152	Single Vitamin Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_	_
initial Proceedings and second sec	A9153	Multi-Vitamin Nor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
Notice			Unlisted: Procedure/service not specifically defined or classified	-	-	-
Name Name Notice	A9270		review	-	-	-
Name Contract/clinical review. Contract/clinical revie	A9273		review	-	-	-
Name Contract/clinical review, Contract/cliniclinical review, Contract/clinical revi	A9279		contract/clinical review.	-	-	-
Wage Amy type model amplituding to avoid positivance review. DM10-000 Prostheigh = 000000000000000000000000000000000000	A9280		contract/clinical review. –	-	-	-
Addata Meg any type review. review. <td></td> <td>Wig Any Type</td> <td>predetermination to avoid post-service review. DME104.001</td> <td>opper units - costriction, including impretexting and unitoric components, and utiler Prostnetics except for Lower-Limb Prosthesis</td> <td>-</td> <td>6/30/2022</td>		Wig Any Type	predetermination to avoid post-service review. DME104.001	opper units - costriction, including impretexting and unitoric components, and utiler Prostnetics except for Lower-Limb Prosthesis	-	6/30/2022
APA285 Inversion Corports review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Payment DME103.001 Orthotics Orthotics Coll Coll <th< td=""><td>A9282</td><td>Wig any type</td><td>review</td><td>-</td><td>7/1/2022</td><td>-</td></th<>	A9282	Wig any type	review	-	7/1/2022	-
AP320 Pres Digital Behav Thera Fda Policy (CPCP). review. Check EUD policy CPCRD8, which is one of our Clinical Payment and Coding PS302.002 Digital Health Therapies for Substance Abuse 2022-04-01	A9285	Inversion Eversion Cor Devic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME103.001 Policy (CPCP).	Orthotics	-	-
Name Name Name Image: Name Name Image: Nam Image: N	A9291		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PSY302.002 Policy (CPCP).	Digital Health Therapies for Substance Abuse	2022-04-01	-
NS12 Croline C-10 predetermination to avoid post-service review. PN/A PM/A PM/A PM/A A9579 Croline C-10 predetermination to avoid post-service review. PM/A PM/A PM/A PM/A PM/A A9579 Croline C-11 predetermination to avoid post-service review. PM/A PM/A PM/A PM/A PM/A A9579 Croline C-11 Predetermination to avoid post-service review. - - - - - A9579 Pet Dx For Tumorid Noc Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - - - - - - A9598 Pet Dx For Tumorid Noc Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. -	A9300	Exercise Equipment	review. – MP. Criteria: Procedure /convice reviewed against Medical Policy Criteria: Submit for	-	-	-
A9579 Galvabase in Coll task No. Tail contract/clinical review. - - - - A9597 Pet Dx. For Tumor Id Noc Unlisted: Procedure/service not specifically defined or classified, may be subject to - - - - A9598 Pet Dx For Num-rul M Noc Unlisted: Procedure/service not specifically defined or classified, may be subject to - - - - A9598 Non-Rad Contrast Materialnoc Unlisted: procedure/service not specifically defined or classified, may be subject to - - - A9599 Barlinnham Ry Aerent Noc Unlisted: Procedure/service not specifically defined or classified, may be subject to - - -	A9515	Choline C-11	predetermination to avoid post-service review. #N/A	#N/A	Retired 2019	
Approx Pet Dx For Initiation Not. contract/clinical review. - - - Approx Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - - Approx Non-Rad Contrast Materialno: Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - - Approx Approx Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - -	A9579		contract/clinical review	-	-	-
A9699 Badinharm By Apent Nuc Contract/Linical review. - - - - A9699 Badinharm By Apent Nuc Unlisted: Procedure/service not specifically defined or classified, may be subject to - - -	A9597	Pet Dx For Tumor Id Noc	contract/clinical review	-	-	-
Non-Kad Contrast Materialnoo contrast/clinical review. - - A9699 Badinoharm Bx Apent Nuc Unlisted: Procedure/service not specifically defined or classified, may be subject to - -			contract/clinical review.	-	-	-
		Non-Rad Contrast Materialnoc	contract/clinical review.	-	-	-
	A9699	Radiopharm Rx Agent Noc		-	-	-

A9900	Supply/Accessory/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A9999	Dme Supply Or Accessory Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
B4105	Enzyme Cartridge Enteral Nut	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.011	Nutritional Support	-	6/30/2022
B9998	Enteral Supp Not Otherwise C	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
39999	Parenteral Supp Not Othrws C	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
C1052	Hemostatic Agent Gi Topic	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	= #N/A	2/1/2021	5/14/2021
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	,	•		
01052	Hemostatic Agent Gi Topic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	-
1761	Cath Trans Intra Litho/Coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-07-01	_
1764	Event Recorder Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	_	-
1776	Joint Device (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.024	Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	_	
1783	Ocular Imp Aqueous Drain De	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	-
1818		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
1818	Integrated Keratoprosthesis	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OTH903.030	Keratoprosthesis	-	-
1823	Gen Neuro Trans Sen/Stim		SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
1825	Gen Neuro Carot Sinus Baro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.034	Baroreflex Stimulation Devices	2/1/2021	_
1833	Cardiac Monitor Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and	2022-01-01	_
	cardide monitor sys	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MEDEDE.000	Intracardiac Ischemia Detection Systems)	1011 01 01	-
1841	Retinal Prosth Int/Ext Comp	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR713.026	Retinal Prosthesis	-	-
1842	Retinal Prosth Add-On	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR713.026	Retinal Prosthesis	-	-
1990	Implant/Insert Device Noc	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
1889	implant/insert Device Noc	contract/clinical review.	- SUR701.041	- Endovascular Therapies for Extracranial Vertebral Artery Disease	-	-
2623	Cath Translumin Drug-Coat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028 SUR701.027	Extracranial Carotid Angioplasty or Stenting	-	6/30/2022
2624	Wireless Pressure Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.027 MED202.058	Intracranial Stenting or Angioplasty, including Endovascular Procedures Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting		
2698	Brachytx Stranded Nos	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
2699	Brachytx Non-Stranded Nos	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
9072	Inj Imm Glob Asceniv	predetermination to avoid post-service review.	#N/A	#N/A	2/1/2021	3/31/2021
9073	Brexucabtagene Autoleucel Ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	2/1/2021	3/31/2021
9074	Injection Lumasiran	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/1/2021	6/30/2021
9081	Idecabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX502.061	Oncology Medications	10/1/2021	12/31/2021
9085	Inj Avalglucosid Alfa-Ngpt	MP Criteria: Procedure/convice reviewed against Medical Policy Criteria, Submit for	#N/A	#N/A	1/1/2022	3/31/2022
9092	Inj. Xipere 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OTH903.035	Suprachoroidal Injection of a Pharmacologic Agent	2022-04-01	
.5032	IIIJ. Xipere 1 Wg	Policy (CPCP).	011903.035	Suprachoroidan injection or a Pharmacologic Agent	2022-04-01	-
9093	Inj. Susvimo 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	2022-04-01	6/30/2022
9094	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.087	FDA-Approved Drugs and Biologicals	7/1/2022	-
9097	Inj faricimab-svoa 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.044	Faricimab-svoa	7/1/2022	-
9257	Bevacizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	_	_
		Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		
9354	Veritas Collagen Matrix Cm2		SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
0.055		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
9356	Tenoglide Tendon Prot Cm2	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR/04.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
	Dermal Substitute Native Non-	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
9358	Denatured Collagen Fetal Bovine Origin (Surgimend Collagen Matrix)	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
	Per 0.5 Square Centimeters			Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone		
9359	Implnt,bon void filler-putty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.051	Urthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	4/1/2021	-
9360	Surgimend Neonatal		SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
9362	Implnt,bon void filler-strip	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUP702 051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone	4/1/2021	
5302	mpingoon volu mier-strip	Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	556703.031	Marrow)	-112021	-
9363	Integra Meshed Bil Wound Mat	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
9364	Porcine Implant Permanel	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704 012	Ringengingered Skin and Soft Tissue Substitutes		
	Porcine Implant Permacol	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		Bioengineered Skin and Soft Tissue Substitutes	-	-
9399	Unclassified Drugs Or Biologicals	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.087 RX501.099	-	-	-
9739	Cystoscopy Prostatic Imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.110 SUR710.023	Prostatic Urethral Lift		
9740		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
	Cysto Impl 4 Or More	predetermination to avoid post-service review. MR Criteria: Procedure (caprice reviewed analyst Medical Policy Criteria, Submit for	SUR710.023	Prostatic Urethral Lift	-	-
9757	Spine/Lumbar Disk Surgery	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR705.045	Annulus Closure After Discectomy	2022-05-01	2022-07-31
9757	Spine/Lumbar Disk Surgery	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR705.045	Annulus Closure After Discectomy	2022-08-01	-
	Revascularization, Endovascular,	Policy (CPCP).				
9764	Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy, Includes Angioplasty Within The Same Vessel(C), When	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	-
9765	Within The Same Vessel(S), When Performed Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy, And Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel(S), When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	en/A	5/15/2021	-

C9766	Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy And Atherectomy, Includes Angioplasty Within The Same Vessel(S). When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	-
C9767	Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy And Transluminal Stent Placement(S), And Atherectomy, Includes Angioplasty Within The Same Vessel(S). When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	BN/A	5/15/2021	-
C9768	Endo Us-Guide Hep Porto Grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.043	Endoscopic Ultrasound-Guided Direct Hepatic Portosystemic Pressure Gradient Measurement	3/1/2021	-
C9769	Cysto W/Temp Pros Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.025	Temporary Prostatic Stent	-	-
C9770	Vitrectomy, Mechanical, Pars Plana Approach, With Subretinal Injection Of Pharmacologic/Biologic Agent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	4/1/2021	-
C9771	Nsl/Sins Cryo Post Nasal Tis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.001	Nasal and Sinus Surgery	2/1/2021	5/14/2021
C9771	Nsl/Sins Cryo Post Nasal Tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR706.001	Nasal and Sinus Surgery	5/15/2021	_
C9772	Revasc lithotrip tibi/perone	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	8/14/2021
C9772	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	_
C9773	Revasc lithotr-stent tib/per	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	8/14/2021
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	_
C9774	Revasc lithotr-ather tib/per	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	8/14/2021
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9775	Revasc lith-sten-ath tib/per	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	8/14/2021
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9777	Esophag Mucosal Integ Add-On	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	EIU Procedures/Services	8/15/2021	-
C9898	Inpnt Stay Radiolabeled Item	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
C9899	Inpt Implant Pros Dev No Cov	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D0999	Unspecified Diagnostic Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D1705	AstraZeneca Covid-19 vaccine administration -first dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	3/15/2021	-
D1706	AstraZeneca Covid-19 vaccine administration -second dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	3/15/2021	-
D1999	Unspecified Preventive Procedure By Report Unspecified Restorative Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
D2999 D3410	By Report Apicoectomy - Anterior	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
D3999	Unspecified Endodontic Procedure	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
D4999	By Report Unspecified Periodontal Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	_
D5899	By Report Unspecified Removable Prosthodontic Procedure By Report	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
D5999	Unspecified Maxillofacial Prosthesis By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
D6199	Unspecified Implant Procedure By	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
D6999	Report Unspecified Fixed Prosthodontic Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
D7210	Extraction Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth And Including Elevation Of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
D7220	Mucoperiosteal Flap If Indicated Removal Of Impacted Tooth - Soft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
D7230	Tissue Removal Of Impacted Tooth -	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
D7999		review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_	_
D8210	By Report Removable Appliance Therapy	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-	-
D8220	Fixed Appliance Therapy	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_	_
D8999	Unspecified Orthodontic Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D9999	Unspecified Adjunctive Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
E0210	Electric Heat Pad Standard	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
E0217	Water Circ Heat Pad W Pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject not subject to pre-service not subject not sub	-	-	-	-
E0218	Fluid Circ Cold Pad W Pump	review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-	-
E0221	Infrared Heating Pad System	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Skin Contact Monochromatic Infrared Energy (MIRE)	-	-
E0231	Wound Warming Device	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.050	Noncontact Normothermic Wound Therapy	-	-
E0232	Warming Card For Nwt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		Noncontact Normothermic Wound Therapy	-	-
E0236	Pump For Water Circulating P	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
E0240	Bath/Shower Chair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject to pre-service not covered by the Plan. Not subject to pre-service not subject not subject to pre-service not subject not subject not not not not not not not no	-	-	-	-
E0241	Bath Tub Wall Rail	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
E0242 E0243	Bath Tub Rail Floor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service.	-	-	-	-
E0243	Toilet Rail	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
20244	Toilet Seat Raised	review.	-	-	-	-

E0245	Tub Stool Or Bench	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
E0246	Transfer Tub Rail Attachment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-	-
E0247	Trans Bench W/Wo Comm Open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	-	_	-
E0248	Hdtrans Bench W/Wo Comm Open	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-		
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
E0273	Bed Board	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
E0274	Over-Bed Table	review.	-	-	-	-
E0300	Enclosed Ped Crib Hosp Grade	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.001	Hospital Beds and Related Equipment	-	-
E0315	Bed Accessory Brd/Tbl/Supprt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_	-
E0316	Bed Safety Enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.001	Hospital Beds and Related Equipment		
E0446	Topical Ox Deliver Sys Nos	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	-	-	-	-
E0471	Rad W/Backup Non Inv Intrfc	Prior Authorization per contract agreement.		#N/A	Moved to PA list	6/30/2021
E0485	Oral Device/Appliance Prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Diagnosis and Medical Management of Sleep Related Breathing Disorders	-	-
E0486	Oral Device/Appliance Cusfab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	-	-
E0487	Electronic Spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.040	Home Spirometry		
20407	clectronic spironeter	Policy (CPCP).	DIVILIANO		-	-
E0616	Cardiac Event Recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	-	-
E0625	Patient Lift Bathroom Or Toi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-	-
E0635	Patient Lift Electric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.034	Lifts, Elevators, and Standing Frames/Systems		
50627	Combination Sit To Stand Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.034		-	-
E0637		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Lifts, Elevators, and Standing Frames/Systems	-	-
E0638	Standing Frame Sys	predetermination to avoid post-service review.	DME101.034	Lifts, Elevators, and Standing Frames/Systems	-	-
E0641	Multi-Position Stnd Fram Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.034	Lifts, Elevators, and Standing Frames/Systems	-	-
E0642	Dynamic Standing Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.034	Lifts, Elevators, and Standing Frames/Systems	-	-
E0650	Pneuma Compresor Non-Segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.060	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	_	-
E0651	Pneum Compressor Segmental	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0652	Pneum Compres W/Cal Pressure	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0655	Pneumatic Appliance Half Arm	predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0656	Segmental Pneumatic Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0657	Segmental Pneumatic Chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0660	Pneumatic Appliance Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.060	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	_	_
E0665	Pneumatic Appliance Full Arm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0666	Pneumatic Appliance Half Leg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0667	Seg Pneumatic Appl Full Leg	predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0668	Seg Pneumatic Appl Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0669	Seg Pneumatic Appli Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0670	Seg Pneum Int Legs/Trunk		MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	_
E0671	Pressure Pneum Appl Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.060	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers		
50672		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0672	Pressure Pneum Appl Full Arm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0673	Pressure Pneum Appl Half Leg	predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0675	Pneumatic Compression Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	_	_
		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Criteria.	WEDZUZ.075	Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis		
E0676	Inter Limb Compress Dev Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0691	Uvl Pnl 2 Sq Ft Or Less	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E0692	Uvl Sys Panel 4 Ft	medetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions	-	-
E0693	Uvl Sys Panel 6 Ft	predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	-
E0694	Uvl Md Cabinet Sys 6 Ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	-
E0731	Conductive Garment For Tens/	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	_	6/30/2022
50740	New Joseph Delay 1 - An	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.037	Pelvic Floor Stimulation (PFS) as a Treatment of Urinary or Fecal Incontinence		
E0740	Non-Implant Pelv Flr E-Stim	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.030	Sexual Dysfunctions, Assessment and Treatment	-	-
E0745	Neuromuscular Stim For Shock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR710.018 MED201.026	Sacral Nerve Neuromodulation/Stimulation Surface Electrical Stimulation	-	-
E0747	Elec Osteogen Stim Not Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	_	_
E0748	Elec Osteogen Stim Spinal	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Electrical stimulation of the Spine as an Adjunct to Spinal Pusion Procedures	-	-
E0749	Elec Osteogen Stim Implanted	Prior Authorization per contract agreement.	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	-	-
E0760	Osteogen Ultrasound Stimltor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	-	-
E0761	Nontherm Electromgntc Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
E0762	Trans Elec Jt Stim Dev Sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.042	Electrical Stimulation for the Treatment of Arthritis		
		Policy (CPCP).			-	-
E0764	Functional Neuromuscularstim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.033	Functional Neuromuscular Electrical Stimulation	1/1/2022	3/31/2022
E0764	Functional Neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.033	Functional Neuromuscular Electrical Stimulation		6/30/2021
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
E0764	Functional Neuromuscularstim	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.033	Functional Neuromuscular Electrical Stimulation	4/1/2022	-
E0766	Elec Stim Cancer Treatment	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.039	Tumor Treating Fields (TTF) Therapy		
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
E0769	Electric Wound Treatment Dev	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	_	_
		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified				

E0770	Functional Electric Stim Nos	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	MED201.033	Functional Neuromuscular Electrical Stimulation	-	-
E0830	Ambulatory Traction Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.041	Pneumatic Traction and Spinal Unloading Devices	-	-
E0840	Tract Frame Attach Headboard	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.046	Traction Devices for Use in the Home		
E0849	Cervical Pneum Trac Equip	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.041	Pneumatic Traction and Spinal Unloading Devices		
20649	Cervical Pheuri Trac Equip	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.046	Traction Devices for Use in the Home	-	-
E0850	Traction Stand Free Standing	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.046	Traction Devices for Use in the Home	-	-
E0855	Cervical Traction Equipment	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0856	Cervic Collar W Air Bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.041 DME101.046	Pneumatic Traction and Spinal Unloading Devices Traction Devices for Use in the Home	-	-
E0860	Tract Equip Cervical Tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.046	Traction Devices for Use in the Home	-	-
E0890	Traction Frame Attach Pelvic	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.046	Traction Devices for Use in the Home	_	_
E0935	Cont Pas Motion Exercise Dev	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for production include the quied part opplies equipse	DME101.023	Continuous Passive Motion (CPM) Device	_	6/30/2022
E0936	Cpm Device Other Than Knee	predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.023	Continuous Passive Motion (CPM) Device	_	_
E0942	Cervical Head Harness/Halter	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.046	Traction Devices for Use in the Home		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
E0944	Pelvic Belt/Harness/Boot	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Traction Devices for Use in the Home	-	-
E0985	W/C Seat Lift Mechanism	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E0986	Man W/C Push-Rim Powr System	predetermination to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E1002	Pwr Seat Tilt	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1003	Pwr Seat Recline	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1004	Pwr Seat Recline Mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1005	Pwr Seat Recline Pwr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1006	Pwr Seat Combo W/O Shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1007	Pwr Seat Combo W/Shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1008	Pwr Seat Combo Pwr Shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
E1009	Add Mech Leg Elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	_
E1010	Add Pwr Leg Elevation	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E1012	Ctr Mount Pwr Elev Leg Rest	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E1161	Manual Adult Wc W Tiltinspac	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
E1229	Pediatric Wheelchair Nos	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	5112101.010		-	-
E1230		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- DME101.010	- Wheelchairs and Accessories	-	-
E1230	Power Operated Vehicle Ped Power Wheelchair Nos	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to		Wheelchairs and Accessories	-	-
E1399	Durable Medical Equipment Mi	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		-	-
E1629	Tablo For Dialysis Service	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE802.002	- Daily Hemodialysis and Hemodialysis in the Home Setting	2022-01-01	-
E1632	Wearable artificial kidney	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE802.002		7/1/2022	- 12/31/2022
E1632	Wearable artificial kidney	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting Daily Hemodialysis and Hemodialysis in the Home Setting	1/1/2023	12/31/2022
E1699	Dialysis Equipment Noc	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to		cany nemaanyaa ana nemaanyaa ni ine nome aetong	1,1,2025	-
E1700	Jaw Motion Rehab System	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	 DME103.009	- Mechanical Stretching Devices		
E1701	Real Cushiens Fee Jaw Mation	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR705.010 DME103.009	Temporomandibular Joint (TMJ) Disorders (TMJD) Mechanical Stretching Devices		-
1/01	Repl Cushions For Jaw Motion	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR705.010 DME103.009	Temporomandibular Joint (TMJ) Disorders (TMJD) Mechanical Stretching Devices	-	-
E1702	Repl Measr Scales Jaw Motion	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
E1902				Autism Spectrum Disorders (ASD)		-
	Aac Non-Electronic Board	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014 DME104.009	Autism Spectrum Disorders (ASD) Speech Generating Devices (SGD)	-	
E2300	Aac Non-Electronic Board Pwr Seat Elevation Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			-	-
E2300 E2301		predetermination to avoid post-service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service review.	DME104.009	Speech Generating Devices (SGD)	-	-
	Pwr Seat Elevation Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - -	<u>-</u>
E2301	Pwr Seat Elevation Sys Pwr Standing	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.009 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories Wheelchairs and Accessories	- - -	- - -
E2301 E2310	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control	predetermination to avoid post-service review. MP Criteria: Procedure/service review.	DME104.009 DME101.010 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories Wheelchairs and Accessories Wheelchairs and Accessories	- - - -	- - - -
E2301 E2310 E2311	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010 DME101.010 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories Wheelchairs and Accessories Wheelchairs and Accessories Wheelchairs and Accessories	- - - -	- - - - -
E2301 E2310 E2311 E2312	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick	predetermination to avoid post-service review. MP Criteria: Procedur/service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedur/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010 DME101.010 DME101.010 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - -	- - - - - -
E2301 E2310 E2311 E2312 E2313	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for	DME104.009 DME101.010 DME101.010 DME101.010 DME101.010 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - -	- - - - - - -
E2301 E2310 E2311 E2312 E2313 E2313 E2321 E2322	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches	predetermination to avoid post-service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - -	- - - - - - - - -
E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - -	- - - - - - - -
E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2322 E2323 E2324	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - - - -	- - - - - - - -
E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2322 E2323 E2324 E2325	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface Sip And Puff Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheekhairs and Accessories	- - - - - - - - - - - - - - -	- - - - - - - - -
E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2322 E2323 E2324	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed revi	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2322 E2323 E2324 E2325	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface Sip And Puff Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service review. AP Criteria: Procedure/service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheekhairs and Accessories	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E2301 E2310 E2311 E2312 E2312 E2321 E2322 E2322 E2323 E2324 E2325 E2326	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface Sip And Puff Interface Breath Tube Kit	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E2301 E2310 E2311 E2312 E2312 E2321 E2322 E2323 E2324 E2325 E2326 E2327	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface Sip And Puff Interface Breath Tube Kit Head Control Interface Mech	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E2301 E2310 E2312 E2312 E2313 E2321 E2322 E2322 E2324 E2325 E2326 E2326 E2327 E2328	Pwr Seat Elevation Sys Pwr Standing Electro Connect Btw Control Electro Connect Btw 2 Sys Mini-Prop Remote Joystick Pwc Harness Expand Control Hand Interface Joystick Mult Mech Switches Special Joystick Handle Chin Cup Interface Breath Tube Kit Head Control Interface Mech Head/Extremity Control Inter	predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedurs/service reviewed reviewed review. MP Criteria: Procedurs/service reviewed re	DME104.009 DME101.010 DME101.010	Speech Generating Devices (SGD) Wheelchairs and Accessories Wheelchairs and Accessories	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -

E2331	Attendant Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME101.010 Wheelchairs and Accessories		-	-
E2340	W/C Wdth 20-23 In Seat Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Wheelchairs and Accessories		-	-
E2341	W/C Wdth 24-27 In Seat Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME101.010 Wheelchairs and Accessories		-	-
E2342	W/C Dpth 20-21 In Seat Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Wheelchairs and Accessories		_	-
E2343	W/C Dpth 22-25 In Seat Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DMF101.010 Wheelchairs and Accessories		_	_
E2351	Electronic Sgd Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME101.010 Wheelchairs and Accessories			
E2373	Hand/Chin Ctrl Spec Joystick	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME101.010 Wheelchairs and Accessories		-	-
E2374		predetermination to avoid post-service review. MP Criteria: Procedure/Review reviewed against Medical Policy Criteria Submit for		-	-
	Hand/Chin Ctrl Std Joystick	predetermination to avoid post-service review. MI Celtering Desendure (regine review despired to the celter of the		-	-
E2375	Non-Expandable Controller	predetermination to avoid post-service review. MP Criteria: Submit for		-	-
E2376	Expandable Controller Repl	predetermination to avoid post-service review. Diversities and Accessories		-	-
E2377	Expandable Controller Initl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME101.010 Wheelchairs and Accessories predetermination to avoid post-service review.		-	-
E2500	Sgd Digitized Pre-Rec <=8Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME104.009 Speech Generating Devices (SGD) predetermination to avoid post-service review.		-	-
E2502	Sgd Prerec Msg >8Min <=20Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME104.009 Speech Generating Devices (SGD)		-	-
E2504	Sgd Prerec Msg>20Min <=40Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME104.009 Speech Generating Devices (SGD)		-	-
E2506	Sgd Prerec Msg > 40 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Speech Generating Devices (SGD)		-	-
E2508	Sgd Spelling Phys Contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME104.009 Speech Generating Devices (SGD) predetermination to avoid post-service review.		_	-
E2510	Sgd W Multi Methods Msg/Accs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DMF104.009 Speech Generating Devices (SGD)		_	_
E2511	Sgd Sftwre Prgrm For Pc/Pda	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DME104.009 Speech Generating Devices (SGD)			
E2512	Sgd Accessory Mounting Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for DMF104 009 Speech Generating Devices (SGD)		-	-
		predetermination to avoid post-service review. Procedure/service reviewed against Medical Criteria.		-	-
E2599	Sgd Accessory Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to DME104.009 Speech Generating Devices (SGD) contract/clinical review.		-	-
E2610	Powered W/C Cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME101.010 Wheelchairs and Accessories		-	-
G0176	Opps/Php;Activity Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Autism Spectrum Disorders (ASD)		_	-
G0235		Unlisted: Procedure/service not specifically defined or classified, may be subject to		_	_
G0255	Specified	contract/clinical review. May require PA per contract agreement. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service MED205.033 Automated Point-of-Care Nerve Conduction Testing			
00233	Current Percep Threshold Tst	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing Policy (CPCP).		-	-
G0276	Pild/Placebo Control Clin Tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –		-	-
G0277	Hbot Full Body Chamber 30M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Hyperbaric Oxygen (HBO2) Therapy		-	-
G0281	Elec Stim Unattend For Press	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.027 Electrostimulation and Electromagnetic Therapy for Treat Policy (CPCP).	ing Wounds	-	-
G0282	Elect Stim Wound Care Not Pd	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding MED201.027 Electrostimulation and Electromagnetic Therapy for Treat Policy (CPCP).	ing Wounds	-	-
G0293	Non-Cov Surg Proc Clin Trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	-
G0294	Non-Cov Proc Clinical Trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		_	_
G0295	Electromagnetic Therapy Onc	EDI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Non-Covered Physical Therapy Services	ing Wounds	-	-
G0329	Electromagntic Tx For Ulcers	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Electrostimulation and Electromagnetic Therapy Services Policy (CPCP).	ing Wounds	-	-
G0341	Percutaneous Islet Celltrans	MP Criteria: Frocedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR703.013 Pancreas and Related Organ Tissue Transplantation		_	-
G0342	Laparoscopy Islet Cell Trans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR703.013 Pancreas and Related Orean Tissue Transplantation		_	-
G0343	Laparotomy Islet Cell Transp	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR703.013 Pancreas and Related Organ Tissue Transplantation		_	_
G0416	Prostate Biopsy Any Mthd		of Prostate Cancer, Including Comprehensive 3D Mapping with	_	6/30/2022
G0422	Intens Cardiac Rehab W/Exerc	predetermination to avoid post-service review. Biopsy MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for THER03.023 Cardiac Rehabilitation (CR)		-	
G0422		predetermination to avoid post-service review. MB Criticals Recordure (Rounde acainet Medical Bolicy Criteria, Submit for		-	-
00423	Intens Cardiac Rehab No Exer Collagen Meniscus Implant	predetermination to avoid post-service review.		-	-
G0428	Procedure For Filling Meniscal Defects (E.G. Cmi Collagen Scaffold Menaflex)	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUD policy CPCPB, which is one of our Clinical Payment and Coding SUR705.034 Meniscal Allografts and Other Meniscal Implants Policy (CPCP). PA maybe required until 04/01/2022.		-	-
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G. As A Result Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.001 Cosmetic and Reconstructive Procedures		-	-
	Highly Active Antiretroviral Therapy.)	predetermination to avoid post-service review.			
G0455	Highly Active Antiretroviral Therapy.) Fecal Microbiota Prep Instil	preoetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for SUB703 049 Excel Microbiota Transplantation (EMT)		_	6/30/2022
G0455 G0460	Therapy.)	Preoetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa	tors for Wound Healing and Other Non-Orthopedic Conditions	-	6/30/2022
	Therapy.) Fecal Microbiota Prep Instil	Predetermination to avoid post-service review. MP Citteria: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) EIL: Procedure/service not relimbursed by the Plan. Not subject to pre-service review. Check ElU policy CCPUB, which is one of our Clinical Payment and Coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC)	tors for Wound Healing and Other Non-Orthopedic Conditions	- - 4/13/2021	6/30/2022 - 3/31/2022
G0460	Theraov.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers	Preotermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service net/en/weinsed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Predetermination to avoid post-service reviewed EU: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa EU: Procedure/service reviewed EU: Procedure/service net/en/weinsed by the Plan. Not subject to pre-service EU: Procedure/service net/en/weinsed by the Plan. Not subject to pre-service RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa EU: Procedure/service net/en/weinsed by the Plan. Not subject to pre-service		- - 4/13/2021 4/1/2022	-
G0460 G0465	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer	Preotermination to avoid post-service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. EU: Procedure/service review. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Podertermination to avoid post-service review. Check EU Dolloy CPCP08, which is one of our Clinical Payment and Coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Prodetermination to avoid post-service review. EU: Procedure/service review. EU: Procedure/service review. EU: Procedure/service review. EU: Procedure/service review. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Prodetermination RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Prodet	tors for Wound Healing and Other Non-Orthopedic Conditions		-
G0460 G0465 G0465	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed. SUR703.049 Fecal Microbiota Transplantation (FMT) Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed. SUR703.049 Fecal Microbiota Transplantation (FMT) Bit: Procedure/service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Bit: Procedure/service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Bit: Procedure/service reviewed against Medical Policy Criteria. Submit for gredetermination to avoid post-service reviewed. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Bit: Procedure/service not conversed by the Plan. Not subject to pre-service reviewed. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Bit: Procedure/service not conversed by the Plan. Not subject to pre-service	tors for Wound Healing and Other Non-Orthopedic Conditions		-
G0460 G0465 G0465 G2011	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer	MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) SUR703.049 Fecal Microbiota Transplantation (FMT) BU: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) Fecal Microbiota Transplantation (FMT) Points: Procedure/service review. RtS01.034 MP Criteria: Procedure/service review. RtS01.034 Recombinant and Autologous Platelet-Derived Growth Fapeletic (PCP). MP Criteria: Procedure/service review. RtS01.034 Recombinant and Autologous Platelet-Derived Growth Fapeletic (PCP). Non Covered: Procedure/service review. RtS01.034 Non Covered: Procedure/service review. RtS01.034 MP Criteria: Procedure/service review. RtS01.034 Recombinant and Autologous Platelet-Derived Growth Fapelicy (PCP). Non Covered: Procedure/service review. RtS01.034 MP Criteria: Procedure/service review. - MP Criteria: Procedure/service review. - MP Criteria: Procedure/service review. RtS01.034 Recombinant and Autologous Platelet-Derived Growth Fapelicy (PCP). - MP Criteria: Procedure/service reviewed against Medical Policy Criteria.	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022	- 3/31/2022 -
G0460 G0465 G0465 G2011 G2082	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Aicohol/Sub Misuse Assess Visit Esketamine 56M Or Less	MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) Survice review. Delive (CRCP). Recombinant and Autologous Platelet-Derived Growth Fa Policy (CRCP). Non Covered: Procedure/service review. Policy (CRCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - Policy (CRCP). Policy (CRCP). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for review. Policy (CRCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Procedure/service reviewed against Medical Policy Criteria. Submit for Procedure/service reviewed against Medi	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - -	- 3/31/2022 -
G0460 G0465 G0465 G2011 G2082 G2082	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Aitorool/Sub Misuse Assess Visit Esketamine 56M Or Less Visit esketamine 56M or less	Predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR703.049 Fecal Microbiota Transplantation (FMT) EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Predetermination to avoid post-service reviewed against Medical Policy CICPCP1 RtS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPCP) Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed Predetermination to avoid post-service reviewed Predetermination to avoid post-service reviewed Predetermination to avoid post-service reviewed Prior Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed Prior Procedure/service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed Prior Terviewed post-service reviewed against Medical Policy Criteria. Submit for Predeteremination to avoid post-service reviewed Prior Terviewe	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2082 G2083	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Xist Esketamine 56M Or Less Visit Esketamine 56M or Less Visit Esketamine > 56M Visit esketamine > 56M	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for genetizermination to avoid post-service reviewed against Medical Policy Criteria. Submit for RX501.034 Fecal Microbiota Transplantation (FMT) EU: Procedure/service not enimbursed by the Plan. Net subject to pre-service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Policy (CPC) Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Policy (CPC) Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fai Policy (CPC). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for review. - - Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray PC Criteria: Reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray PC Criteria: Reviewed against Medical Policy Criteria. Submi	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2083 G2083 G2083 G2083	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Xisit Esketamine 56M Or Less Visit Esketamine 56M or Less Visit Esketamine 56M Visit esketamine > 56M Liste)=40% Doc Normal Or Mild	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for greater instance and greater and subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). BU: Procedure/service reviewed against Medical Policy Criteria. Submit for greater instance and coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Procedure/service reviewed against Medical Policy Criteria. Submit for greater instance and coding RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for greater instance reviewe. RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.054 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX501.105 Esketamine Nasal Spray Protectine: Procedure/service reviewer eview. RX501.105 Esketamine Nasal Spray Protectine: Procedure/serv	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2082 G2083 G2083 G2083 G8395 G8395	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Visit Esketamine 56M Or Less Visit Esketamine 56M or Less Visit Esketamine 56M Visit esketamine 56M Livef>=40% Doc Normal Or Mild Livef Not Performed	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for greatermination to avoid post-service reviewed against Medical Policy Criteria. Submit for RXS01.034 Fecal Microbiota Transplantation (FMT) EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUD policy CPCP08, which is one of our Clinical Payment and Coding RXS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Disc (CPC) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for review. Check EUD policy CPCP08, which is one of our Clinical Payment and Coding RXS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for review. Check EUD policy CPCP08, which is one of our Clinical Payment and Coding RXS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for RXS01.105 Exteramine Nasal Spray PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RXS01.105 Exteramine Nasal Spray MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RXS01.105 Exteramine Nasal Spray mP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for NXS01.105 Exteramine Nasal Spray mP Criteria: Procedure/service reviewer evel evelow evelowerelow evelow evelow evelow evelow evelow ev	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2083 G2085	Theraox.) Fecal Microbiota Prep Instill Fecal Microbiota Prep Instill Autologo Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Visit Esketamine 56M Or Less Visit Esketamine 56M or Less Visit Esketamine 56M Visit Esketamine 56M Lvef>=40% Doc Normal Or Mild Lvef>=40% Doc Normal Or Mild Lvef>=40% Doc Normal Or Mild	predetermination to avoid post-service review. MP Criteria: Procedure/service network and/one EU: Procedure/service network against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR703.049 Fecal Microbiota Transplantation (FMT) EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUD policy CPCP08, which is one of our Clinical Payment and Coding predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for review. Check EUD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Rx501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Rx501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - PO Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Rx501.054 Esketamine Nasal Spray PO Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Rx501.105 Esketamine Nasal Spray PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed review. Statamine Nasal Spray	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2083 G2083 G8395 G8396 G8397 G8399	Theraox.) Fecal Microbiota Prep Instill Fecal Microbiota Prep Instill Autologo Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Visit Esketamine 56M Or Less Visit Esketamine 56M o	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for genetizermination to avoid post-service reviewed against Medical Policy Criteria. Submit for RX501.034 Fecal Microbiota Transplantation (FMT) EU: Procedure/service not cerviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Failer (CPC). Prodetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for RX501.034 Recombinant and Autologous Platelet-Derived Growth Failer (CPC). Policy (CPC). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewe. RX501.034 Recombinant and Autologous Platelet-Derived Growth Failer. Policy (CPC). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewe. - - - PO Criteria: Procedure/service not covered by the Plan. Not subject to pre-service reviewe. - - - PO Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PC Cri	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2083 G2083 G2083 G8395 G8397 G8399 G8400	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Visit Esketamine 56M Or Less Visit Esketamine 56M or Less	Predetermination to avoid post-service review. MP Criteria: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) EU: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) BU: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) BU: Procedure/service review. SUR703.049 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC) RX501.05 Esketamine Nasal Spray Procedure/service reviewed against Medical Policy Criteria. Submit for predete	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -
G0460 G0465 G0465 G2011 G2082 G2082 G2083 G2083 G8395 G8396 G8397 G8399	Theraox.) Fecal Microbiota Prep Instil Autologous Prp For Ulcers Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Autolog Prp Diab Wound Ulcer Visit Esketamine 56M Or Less Visit Esketamine 56M or Less	Predetermination to avoid post-service review. MP Criteria: Procedure/service review. SUR703.049 Fecal Microbiota Transplantation (FMT) EU: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). MP Criteria: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). MP Criteria: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). MP Criteria: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service review. RxS01.034 Recombinant and Autologous Platelet-Derived Growth Fa Policy (CPC). Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Procedure/service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy	tors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022 - - 08/01/2021 -	- 3/31/2022 - - 4/15/2021 -

G8410	Eval On Foot Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	_
G8415	Eval On Foot Not Performed	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review.	-	-
G8416	Pt Inelig Footwear Evaluatio	review.	-	-
G8417	Calc Bmi Abv Up Param F/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8418	Calc Bmi Blw Low Param F/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-
G8419	Calc Bmi Out Nrm Param Nof/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G8420	Calc Bmi Norm Parameters	review. – – – – – – – – – – – – – – – – – – –	-	-
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8421	Bmi Not Calculated	review. – – –	-	-
G8422	Pt Inelig Bmi Calculation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	12/31/2021
G8427	Docrev Cur Meds By Elig Clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G8428	Cur Meds Not Document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G8430	Doc Med Rsn No Medrec	review. – – – – – – – – – – – – – – – – – – –	-	-
	Doc Med KSN NO Medrec	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8431	Pos Clin Depres Scrn F/U Doc	review.	-	-
G8432	Dep Scr Not Doc Rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8433	Scr For Dep Not Cpt Doc Rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	_	_
G8450	Beta-Bloc Rx Pt W/Abn Lvef	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review,	-	-
G8451	Pt W/Abn Lvef Inelig B-Bloc	review.	-	-
G8452	Pt W/Abn Lvef B-Bloc No Rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8465	High Risk Recurrence Pro Ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G8473	Ace/Arb Thxpy Rx?D	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	
		review	-	
G8474	Ace/Arb Not Rx'D; Doc Reas	review.	-	-
G8475	Ace/Arb Thxpy Not Rx?D	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G8476	Bp Sys <140 And Dias <90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G8477	Bp Sys>=140 And/Or Dias >=90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G8478	Bp Not Performed/Doc	review	-	-
	Bp Not Performed/Doc	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8482	Flu Immunize Order/Admin	review.	-	-
G8483	Flu Imm No Admin Doc Rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G8484	Flu Immunize No Admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	_	_
G9012	Other Specified Case Mgmt	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		
		contract/clinical review. – – – – – – – – – – – – – – – – – – –	-	-
G9050	Oncology Work-Up Evaluation	review.	-	-
G9051	Oncology Tx Decision-Mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9052	Onc Surveillance For Disease	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9053	Onc Expectant Management Pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9054	Onc Supervision Palliative	review		
03034	One supervision Panlative	review review	-	-
G9055	Onc Visit Unspecified Nos	review	-	-
G9056	On Day March Adhama Catile	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
	Onc Prac Mgmt Adheres Guide	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9057	Onc Pract Mgmt Differs Trial	review.	-	-
G9058	Onc Prac Mgmt Disagree W/Gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9059	Onc Prac Mgmt Pt Opt Alterna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9060	Onc Prac Mgmt Dif Pt Comorb	review.		
		review.	-	-
G9061	Onc Prac Cond Noadd By Guide	review.	-	-
G9062	Onc Prac Guide Differs Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9063	Onc Dx Nsclc Stgi No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9064	Onc Dx Nsclc Stg2 No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9065		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	
	Onc Dx Nsclc Stg3A No Progre	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9066	Onc Dx Nsclc Stg3B-4 Metasta	review.	-	-
G9067	Onc Dx Nsclc Dx Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9068	Onc Dx Sclc/Nsclc Limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9069	Onc Dx Scic/Nscic Ext At Dx	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9070	Onc Dx Sclc/Nsclc Ext Unknwn	review.	-	-
G9071	Onc Dx Brst Stg1-2B Hr Nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9072	Onc Dx Brst Stg1-2 Noprogres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9073	Onc Dx Brst Stg3-Hr No Pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review	-	-
G9074	Onc Dx Brst Stg3-Noprogress	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9075	Onc Dx Brst Metastic/ Recur	review.	-	-
G9077	Onc Dx Prostate T1No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9078	Onc Dx Prostate T2No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9079	Onc Dx Prostate T3B-T4Noprog	review.		
		review. – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9080	Onc Dx Prostate W/Rise Psa	review.	-	-
G9083	Onc Dx Prostate Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9084	Onc Dx Colon T1-3 N1-2 No Pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9085	Onc Dx Colon T4 N0 W/O Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review.	-	-

G9086				
03000	Onc Dx Colon T1-4 No Dx Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9087	Onc Dx Colon Metas Evid Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9088	Onc Dx Colon Metas Noevid Dx	review. – – – – Non Covered by the Plan. Not subject to pre-service		
		review. – – – – – NonCovered by the Plan. Not subject to pre-service – – – – – – – – – – – – – – – – – – –	-	-
G9089	Onc Dx Colon Extent Unknown	review. – – –	-	-
G9090	Onc Dx Rectal T1-2 No Progr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9091	Onc Dx Rectal T3 N0 No Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
G9092	Onc Dx Rectal T1-3 N1-2Noprg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G9093		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_
09095	Onc Dx Rectal T4 N M0 No Prg	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9094	Onc Dx Rectal M1 W/Mets Prog	review. – – –	-	-
G9095	Onc Dx Rectal Extent Unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9096	Onc Dx Esophag T1-T3 Noprog	Non Coverd: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
G9097	Onc Dx Esophageal T4 No Prog	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review. – – – – – Non Covered by the Plan. Not subject to pre-service	-	-
G9098	Onc Dx Esophageal Mets Recur	review. – – –	-	-
G9099	Onc Dx Esophageal Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9100	Onc Dx Gastric No Recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9101	Onc Dx Gastric P R1-R2Noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9102	Onc Dx Gastric Unresectable	review. The second seco	_	-
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9103	Onc Dx Gastric Recurrent	review. – – –	-	-
G9104	Onc Dx Gastric Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9105	Onc Dx Pancreatc P R0 Res No	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9106	Onc Dx Pancreatc P R1/R2 No	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9107	Onc Dx Pancreatic Unresectab	review.	-	-
G9108	Onc Dx Pancreatic Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9109	Onc Dx Head/Neck T1-T2No Prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
G9110	Onc Dx Head/Neck T3-4 Noprog	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review.	-	-
G9111	Onc Dx Head/Neck M1 Mets Rec	review.	-	-
G9112	Onc Dx Head/Neck Ext Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
G9113	Onc Dx Ovarian Stg1A-B No Pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9114	Onc Dx Ovarian Stg1A-B Or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G9115	-	review		-
	Onc Dx Ovarian Stg3/4 Noprog	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9116	Onc Dx Ovarian Recurrence	review.	-	-
G9117	Onc Dx Ovarian Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
G9123	Onc Dx Cml Chronic Phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9124	Onc Dx Cml Acceler Phase	review Northern Control of the Plan. Not subject to pre-service		
		review.	-	-
	Onc Dx Cml Blast Phase			
G9125		review. 7 7	-	-
G9125 G9126	Onc Dx Cml Remission	review. – – – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –	-	-
	Onc Dx Cml Remission Onc Dx Multi Myeloma Stage I	Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9126		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9126 G9128 G9129	Onc Dx Multi Myeloma Stage I Onc Dx Mult Myeloma Stg2 Hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		-
G9126 G9128 G9129 G9130	Onc Dx Multi Myeloma Stage I Onc Dx Mult Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - -	-	- - - -
G9126 G9128 G9129	Onc Dx Multi Myeloma Stage I Onc Dx Mult Myeloma Stg2 Hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - -	- - - -	- - - - - -
G9126 G9128 G9129 G9130	Onc Dx Multi Myeloma Stage I Onc Dx Mult Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - -	- - - - -	-
G9126 G9128 G9129 G9130 G9131	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - -	- - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - -	- - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brat Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc NhIstg 1-2 No Relap No	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - <td>- - - - - - - - -</td> <td>-</td>	- - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc NhIstg 1-2 No Relap No Onc Dx NhI Stg 3-4 Not Relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - - - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - - - - <	- - - - - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brat Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc NhIstg 1-2 No Relap No	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - </td <td>- - - - - - - - - - - -</td> <td>- - - - - - - - - - - - -</td>	- - - - - - - - - - - -	- - - - - - - - - - - - -
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc NhIstg 1-2 No Relap No Onc Dx NhI Stg 3-4 Not Relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - <td< td=""><td>- - - - - - - - - - - -</td><td>-</td></td<>	- - - - - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc Nhistg 1-2 No Relap No Onc Dx Nhi Stg 3-4 Not Relap Onc Dx Nhi Trans To Lg Beell Onc Dx Nhi Relapse/Refractor	Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service - - - review. - <td< td=""><td>- - - - - - - - - - - -</td><td>-</td></td<>	- - - - - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc Nhlstg 1-2 No Relap No Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Trans To Lg Bcell Onc Dx Nhl Relapse/Refractor Onc Dx Nhl Stg Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - <td< td=""><td>- - - - - - - - - - - - - - -</td><td>-</td></td<>	- - - - - - - - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9138 G9139	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc NhIstg 1-2 No Relap No Onc Dx NhI Stg 3-4 Not Relap Onc Dx NhI Stg 3-4 Not Relap Onc Dx NhI Stg Unknown Onc Dx NhI Stg Unknown Onc Dx NhI Stg Unknown	Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedur/servi	- - - - - - - - - - - - - - - - - - -	-
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Trans To Lg Bcell Onc Dx Nhl Relapse/Refractor Onc Dx Nhl Stg Unknown Onc Dx Nhl Stg Unknown Onc Dx Chil Dx Status Unknown Frontier Extended Stay Demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - - review. - <td< td=""><td>- - - - - - - - - - - - - - - - - - -</td><td>- - - - - - - - - - - - - - - - - - -</td></td<>	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9138 G9139	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Relapse/Refractor Onc Dx Nhl Relapse/Refractor Onc Dx Nhl Stg Unknown Onc Dx Cml Dx Status Unknown Frontier Extended Stay Demo Outpatient Intravenous Insulin Treatment (Oivit) Either Pulsatile Or Continuous, By Any Means, Guided By The Results Of Measurements	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered		-
G9126 G9128 G9128 G9129 G9130 G9131 G9132 G9133 G9133 G9134 G9135 G9136 G9137 G9138 G9138 G9139 G9139 G9134 G9137 G9138 G9138 G9139 G9140 G9147	Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stage I Onc Dx Multi Myeloma Stg2 Hig Onc Dx Multi Myeloma Unknown Onc Dx Brst Unknown Nos Onc Dx Prostate Mets No Cast Onc Dx Prostate Clinical Met Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg 3-4 Not Relap Onc Dx Nhl Stg Unknown Onc Dx Nhl Stg Unknown Onc Dx Nhl Stg Unknown Onc Dx Nhl Stg Unknown Onc Dx Nhl Status Unknown Frontier Extended Stay Demo Outpatient Intravenous Insulin Treatment (Oivit) Either Pulsatile Or Continuous, By Any Means, Guided By The Results Of Measurements For:Respiratory Quotient, And/Or, Arterial, Venous Or Capillary Gluccese; And/Or Potassium	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered		- - - - - - - - - - - - - - - - - -
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G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
H0046	Mental Health Service Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-	-
H0047	Alcohol/Drug Abuse Svc Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
J0121	Inj. Omadacycline 1 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- #N/A		Retired 2019	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				-
J0122	Inj. Eravacycline 1 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	#N/A	#N/A Abatacept	Retired 2019	-
J0129	Abatacept Injection	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J0172	Inj Aducanumab-Avwa 2 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.137	Aducanumab-avwa	1/1/2022	-
J0180	Agalsidase Beta Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J0202	Injection Alemtuzumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.077	Alemtuzumab	_	_
J0219	Inj Aval Alfa-Ngpt 4Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	2022-04-01	
	,	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.		,		-
J0220	Alglucosidase Alfa Injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	-	-
J0221	Injection Alglucosidase Alfa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	_	_
J0222	(Lumizyme) 10 Mg Inj. Patisiran 0.1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care		
J0223	Inj Givosiran 0.5 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Givosiran		-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.096	Specialty Medication Administration Site of Care	-	-
J0224	Inj. Lumasiran 0.5 Mg	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX501.133	Lumasiran	2021-07-01	-
J0256	Alpha 1 Proteinase Inhibitor	contract/clinical review.	-	-	-	-
J0291	Inj. Plazomicin 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J0490	Injection, Belimumab, 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	-	-
J0491	Inj Anifrolumab-Fnia 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.138	Anifrolumab-fnia	2022-04-01	_
J0517	Inj. Benralizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Benralizumab		
J0565	Inj Bezlotoxumab 10 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 RX501.093	Specialty Medication Administration Site of Care Bezlotoxumab	-	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX301.095		-	-
J0567	Inj. Cerliponase Alfa 1 Mg	Prior Authorization per contract agreement.		Cerliponase alfa Burosumab-twza	-	-
J0584	Injection Burosumab-Twza 1M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J0586	Abobotulinumtoxina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	-	-
J0587	Inj Rimabotulinumtoxinb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	_	_
J0588	Injection, Incobotulinumtoxin A, 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.019	Botulinum Toxin	_	_
J0593	Inj. Lanadelumab-Flyo 1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.014 #N/A	Treatment of Hyperhidrosis #N/A	Retired 2019	
J0598		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	,	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide		-
	C-1 Esterase Cinryze	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Specialty Medication Administration Site of Care Canakinumab	-	-
J0638	Canakinumab Injection	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J0717	Certolizumab Pegol Inj 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	-	-
				Specially medication she of care		
J0775	Collagenase Clost Hist Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Clostridial Collagenase for Fibroproliferative Disorders	-	-
J0775 J0791	Collagenase Clost Hist Inj Inj Crizanlizumab-Tmca 5Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.073 RX501.126	Clostridial Collagenase for Fibroproliferative Disorders Crizanlizumab-tmca	- 3/1/2021	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	- 3/1/2021 Retired 2019	-
J0791	Inj Crizanlizumab-Tmca 5Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.073 RX501.126 RX501.096 #N/A	Clostridial Collagenase for Fibroproliferative Disorders Crizanlizumab-tmca Specialty Medication Administration Site of Care #N/A		-
J0791 J0800 J0881	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd	Prior Authorization per contract agreement. MP Criteria: Procedure/service enviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.073 RX501.126 RX501.096 #N/A RX501.069	Clostridial Collagenase for Fibroproliferative Disorders Crizanlizumab-tmca Specialty Medication Administration Site of Care #N/A Erythropolesis-Stimulating Agents (ESAs)		- - - - 1/21/2021
J0791 J0800 J0881 J0885	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service agreement. MP Criteria: Procedure/service agreement.	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069	Ciostridial Collagenase for Fibroproliferative Disorders Crizanilizumab-tmca Speciality Medication Administration Site of Care aN/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs)		- - - 12/31/2021
J0791 J0800 J0881	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for prodetermination to axioli post-service reviewed Against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069	Clostridial Collagenase for Fibroproliferative Disorders Crizanlizumab-tmca Specialty Medication Administration Site of Care #N/A Erythropolesis-Stimulating Agents (ESAs)		- - - 12/31/2021 -
J0791 J0800 J0881 J0885	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed.	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069	Ciostridial Collagenase for Fibroproliferative Disorders Crizanilizumab-tmca Speciality Medication Administration Site of Care aN/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs)		- - - 12/31/2021 - -
J0791 J0800 J0881 J0885 J0888	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service areviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069	Ciostridial Collagenase for Fibroproliferative Disorders Crizanitumab-tmca Speciality Medication Administration Site of Care aN/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs)	Retired 2019 	- - - 12/31/2021 - - 6/30/2022
J0791 J0800 J0881 J0885 J0888 J0888	Inj Crizanlizumab-Tmca 5Mg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service areviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Protection Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Policy Medical Policy Criteria. Submit for MP Criteria: Policy Medical Policy Criteria. Submit f	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069 RX501.069 #N/A	Ciostridial Collagenase for Fibroproliferative Disorders Crizaniturmab-tmca Specialty Medication Administration Site of Care #N/A Erythropoiesis-Stimulating Agents (ESAs) Erythropoiesis-Stimulating Agents (ESAs) Irythropoiesis-Stimulating Agents (ESAs) M/A	Retired 2019 	-
J0791 J0800 J0881 J0885 J0888 J0896 J1096	Inj Crizanlizumab-Tmca SMg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg Dexametha Opth Insert 0.1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.073 RX501.126 RX501.096 #N/A RX501.069 RX501.069 #N/A OTH903.024 #N/A RX504.013	Clostridial Collagenase for Fibroproliferative Disorders Crizanlizumab-tmca Specialty Medication Administration Site of Care #N/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) #N/A Intravitreal, Punctum, and Intracameral Implants #N/A Management of Hereditary Angloedema (HAE) with C1 Esterase Inhibitor, Human and Ecalantide	Retired 2019	-
J0791 J0800 J0881 J0885 J0885 J0896 J1096 J1097	Inj Grizanlizumab-Tmca SMg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg Dexametha Opth Insert 0.1 Mg Phenylep Ketorolac Opth Soln Ecallantide Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service enviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-aevice review. MP Criteria: Procedure/service areviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service avoid post-service reviewed MP Criteria: Procedure/servic	RX501.073 RX501.26 RX501.096 #N/A RX501.069 #N/A OTH903.024 #N/A RX501.061 RX501.069 #N/A	Ciostridial Collagenase for Fibroproliferative Disorders Crizentizumab:-tmca Speciality Medication Administration Site of Care IN/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) Intravitreal, Punctum, and Intracameral Implants IN/A IN/A IN/A IN/A INTRAVIERS	Retired 2019	-
J0791 J0800 J0881 J0885 J0885 J0896 J1096 J1097 J1290	Inj Grizanlizumab-Tmca SMg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg Dexametha Opth Insert 0.1 Mg Phenylep Ketorolac Opth Soln Ecallantide Injection Eculizumab Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-arvice review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medi	RX501.073 RX501.126 RX501.096 RX501.069 RX501.069 RX501.069 RX501.069 MV/A GTH903.024 MV/A RX501.066 RX501.066 RX501.066 RX501.066	Ciostridial Collagenase for Fibroproliferative Disorders Crizaniturmab:tmca Specialty Medication Administration Site of Care aN/A Erythropoiesis-Stimulating Agents (ESAs) Erythropoiesis-Stimulating Agents (ESAs) Erythropoiesis-Stimulating Agents (ESAs) aN/A Intravitreal, Punctum, and Intracameral Implants aN/A Management of Hereditary Angloedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Retired 2019	-
J0791 J0800 J0881 J0885 J0896 J0996 J1096 J1097 J1290 J1300	Inj Grizanlizumab-Tmca SMg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg Dexametha Opth Insert 0.1 Mg Phenylep Ketorolac Opth Soln Ecallantide Injection Eculizumab Injection Injection Edaravone 1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-tervice review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-tervice reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-tervice reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-tervice reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-tervice review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-tervice review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.073 RX501.126 RX501.096 RX501.069 RX501.069 RX501.069 RX501.069 RX501.069 RX501.066 RX501.096 RX501.096 RX501.095 RX501.	Cisstridial Collagenase for Fibroproliferative Disorders Critaniturmab-tmca Specialty Medication Administration Site of Care #N/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) #N/A #N/A Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care Erutinumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care	Retired 2019	-
J0791 J0800 J0881 J0885 J0896 J1096 J1097 J1290 J1300 J1301	Inj Grizanlizumab-Tmca SMg Corticotropin Injection Darbepoetin Alfa Non-Esrd Epoetin Alfa Non-Esrd Epoetin Beta Non Esrd Inj luspatercept-aamt 0.25mg Dexametha Opth Insert 0.1 Mg Phenylep Ketorolac Opth Soln Ecallantide Injection Eculizumab Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service areviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service agreement. MP Criteria: Procedure/service agreement. MP Criteria: Procedure/service agreement. MP Criteria: Procedure/service agreement.	RX501.073 RX501.126 RX501.096 RX501.069 RX501.069 RX501.069 RX501.069 RX501.069 RX501.066 RX501.096 RX501.096 RX501.095 RX501.	Cisstridial Collagenase for Fibroproliferative Disorders Cristanilizmab-tmca Speciality Medication Administration Site of Care IN/A Erythropolesis-Stimulating Agents (ESAs) Erythropolesis-Stimulating Agents (ESAs) Intravitreal, Punctum, and Intracameral Implants Intravitreal, Punctum, and Intracameral Implants IN/A Management of Hereditary Angionedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care Erutinumab Specialty Medication Administration Site of Care Eduratione Entravitreal	Retired 2019	-
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J1562	Vivaglobin Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
J1566	Immune Globulin Powder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	_	-
J1568	Octagam Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	_	_
J1569	Gammagard Liquid Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 RX504.003	Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 RX504.003	Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
J1572	Flebogamma Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
J1575	Hyqvia 100Mg Immuneglobulin	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J1599	Ivig Non-Lyophilized Nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
J1602	Golimumab For Iv Use 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	-	-
J1632	Inj. Brexanolone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.106	Brexanolone for Postpartum Depression	-	-
J1729	Inj Hydroxyprogst Capoat Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
J1743	Idursulfase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
		Prior Authorization per contract agreement.	RX501.096 THE801.028	Specialty Medication Administration Site of Care Acne Management	-	-
J1745	Infliximab Not Biosimil 10Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	-	-
J1746	Inj. Ibalizumab-Uiyk 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Ibalizumab-uiyk Specialty Medication Administration Site of Care	_	-
J1786	Imuglucerase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
J1823	Inj. Inebilizumab-Cdon 1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.096 RX501.127	Specialty Medication Administration Site of Care Inebilizumab-cdon	3/1/2021	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Enzyme-Replacement Therapy for Lysosomal Storage Disorders	5/1/2021	-
J1931	Laronidase Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.096	Specialty Medication Administration Site of Care	-	-
J1943	Inj. Aristada Initio 1 Mg	predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J1944	Aripirazole Lauroxil 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J1951	Inj Fensolvi 0.25 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	2021-07-01	-
J2182	Injection Mepolizumab 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	-	-
J2278	Ziconotide Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Ziconotide	_	_
J2323	Natalizumab Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.059	Natalizumab		
J2326		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 RX501.086	Specialty Medication Administration Site of Care Nusinersen	-	-
	Inj Nusinersen 0.1Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	1001.080	Ocrelizumab	-	-
J2350	Injection Ocrelizumab 1 Mg	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.143	Tezepelumab-ekko	7/1/2022	-
J2357	Omalizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	-	-
J2440	Papaverin Hcl Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.030	Sexual Dysfunctions, Assessment and Treatment	-	-
J2502	Inj Pasireotide Long Acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.079	Pasireotide	_	_
135.03		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.027	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders		
J2503	Pegaptanib Sodium Injection	predetermination to avoid post-service review.	OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	-
J2507	Injection Pegloticase 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Pegloticase Specialty Medication Administration Site of Care	-	-
J2562	Plerixafor Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	12/31/2021
J2778	Ranibizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions		
	Kambizumab mjection	predetermination to avoid post-service review.	OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	-
J2779	Inj susvimo 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	7/1/2022	-
J2786	Injection Reslizumab 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	-	-
J2787	Riboflavin 5'Phos Opth<=3MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.028	Corneal Collagen Cross-Linking	-	6/30/2022
J2798	Inj. Perseris 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Retired 2019	_
J2840	Inj Sebelipase Alfa 1 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
J2860	Injection Siltuximab	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Specialty Medication Administration Site of Care #N/A	- Moved to PA list	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				-
J3031	Inj. Fremanezumab-Vfrm 1 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	#N/A	#N/A Eptinezumab-ijmr	Retired 2019	-
J3032	Inj. Eptinezumab-Jjmr 1 Mg	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J3060	Inj Taliglucerace Alfa 10 U	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J3111	Inj. Romosozumab-Aqqg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J3121	Inj Testostero Enanthate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	2 SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	-	-
J3145	Testosterone Undecanoate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	9 SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
12244		Prior Authorization per contract agreement.	RX501.076	Testosterone Replacement Therapies		_
J3241	Inj. Teprotumumab-Trbw 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Specialty Medication Administration Site of Care	_	
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.110	Specialty Medication Administration site of Care Teprotrummab Specialty Medication Administration Site of Care	-	
J3245	Inj. Tildrakizumab 1 Mg	Prior Authorization per contract agreement.	RX501.110 RX501.096 RX501.123	Teprotumumab	-	-
J3245 J3262	Inj. Tildrakizumab 1 Mg Tocilizumab Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.110 2 RX501.096 RX501.123 2 RX501.096 RX501.115	Teprotrummab Specialty Medication Administration Site of Care Tildrakzumab-asmn Specialty Medication Administration Site of Care Tocilizumab	-	-
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J3245 J3262	Inj. Tildrakizumab 1 Mg Tocilizumab Injection	Prior Authorization per contract agreement. MP Criteria - Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria - Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria - Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.110 PRX501.096 RX501.123 PRX501.096 RX501.096 RX501.056	Teprotrummab Specialty Medication Administration Site of Care Tildrakzumab-asmn Specialty Medication Administration Site of Care Tocilizumab	- - - -	- - - 5/4/2021
J3245 J3262 J3285	Inj. Tildrakizumab 1 Mg Tocilizumab Injection Treprostinil Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/Linical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/Linical review.	RX501.110 PRX501.096 RX501.123 PRX501.096 RX501.096 RX501.056	Teprotrummab Specialty Medication Administration Site of Care Tildrakzumab-asmn Specialty Medication Administration Site of Care Tocilizumab	- - - - Moved to PA list	- - 5/4/2021 12/31/2021
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			RX501.099			
			OTH903.027 OTH903.020			
J3490	Drugs Unclassified Injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX504.015		_	_
		contract/clinical review. May require PA per contract agreement.	RX501.080 SUR706.001			
			RX501.086			
			RX501.085 RX501.104			
			RX502.030			
			MED206.006 RX501.110			
			MED201.014			
J3520	Edetate Disodium Per 150 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.008	Chelation Therapy	-	-
J3570	Laetrile Amygdalin Vit B17	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
		review.	- RX501.073		-	-
			RX501.063 RX501.087			
		Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX501.099			
J3590	Unclassified Biologics	contract/clinical review. May require PA per contract agreement.	RX501.051 RX501.080	-	-	-
			RX501.085			
			RX501.104 RX501.110			
J3591	Esrd On Dialysi Drug/Bio Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	-	_	_
J7177	Inj. Fibryga 1 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require			-	-
J7178	Inj Human Fibrinogen Con Nos	Prior Authorization per contract agreement.	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	-
J7192	Factor Viii Recombinant Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J7195	Factor Ix Recombinant Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J7199	Hemophilia Clot Factor Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_			_
J7309		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- THE801.027	Dematologic Applications of Bhotodynamic Theorem (2001)		
	Methyl Aminolevulinate Top	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Dermatologic Applications of Photodynamic Therapy (PDT)	-	-
J7314	Inj. Yutiq 0.01 Mg	predetermination to avoid post-service review.	OTH903.024	Intravitreal, Punctum, and Intracameral Implants	-	6/30/2022
J7316	Inj Ocriplasmin 0.125 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.026	Ocriplasmin for Symptomatic Vitreomacular Adhesion	-	-
J7340	Carbidopa Levodopa Ent 100Ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	-	-
J7351	Inj Bimatoprost Itc Imp1Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.024	Intravitreal, Punctum, and Intracameral Implants		6/30/2022
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	
J7401	Mometasone Furoate Sinus Imp	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	-	3/31/2021
J7402	Mometasone Sinus Sinuva	predetermination to avoid post-service review.	SUR706.001	Nasal and Sinus Surgery	5/15/2021	-
J7599	Immunosuppressive Drug Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J7604	Acetylcysteine Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
		Policy (CPCP).	100301.003		-	-
J7607	Levalbuterol Comp Con		RX501.063	Compounded Drug Products		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).			-	-
		Pelicy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding			-	-
J7607 J7609	Levalbuterol Comp Con Albuterol Comp Unit	Pelicy (CPCP). EIU: Procedure/service not relimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products	-	-
J7607	Levalbuterol Comp Con	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063 RX501.063	Compounded Drug Products	-	-
J7607 J7609 J7610	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy (CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063 RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products Compounded Drug Products	-	- - -
J7607 J7609	Levalbuterol Comp Con Albuterol Comp Unit	Pelicy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP).	RX501.063 RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products	-	- - - -
J7607 J7609 J7610 J7615	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP).	RX501.063 RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products Compounded Drug Products Compounded Drug Products	-	- - - -
J7607 J7609 J7610	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con Levalbuterol Comp Unit	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063 RX501.063 RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products Compounded Drug Products	-	- - - - -
J7607 J7609 J7610 J7615	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con Levalbuterol Comp Unit	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063 RX501.063 RX501.063 RX501.063 RX501.063	Compounded Drug Products Compounded Drug Products Compounded Drug Products Compounded Drug Products	-	- - - - -
J7607 J7609 J7610 J7615 J7622	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con Levalbuterol Comp Unit Beclomethasone Comp Unit	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP).	RX501.063 RX501.063 RX501.063 RX501.063 RX501.063	Compounded Drug Products	-	- - - - -
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17607 17609 17610 17615 17622 17624 17627	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Con Levalbuterol Comp Unit Beclomethasone Comp Unit Betamethasone Comp Unit Budesonide Comp Unit	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063 RX501.063 RX501.063 RX501.063 RX501.063 RX501.063	Compounded Drug Products	-	- - - - - - -
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17607 17609 17610 17615 17622 17624 17627 17628	Levalbuterol Comp Con Albuterol Comp Unit Albuterol Comp Unit Levalbuterol Comp Unit Beclomethasone Comp Unit Betamethasone Comp Unit Budesonide Comp Unit Bitolterol Mesylate Comp Con	Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Pelicy (CPCP).	RX501.063 RX501.063 RX501.063 RX501.063 RX501.063 RX501.063 RX501.063	Compounded Drug Products	-	- - - - - - - - -
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		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7647	Isoetharine Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
17650	la cale das Casas Halt	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	BY504.052	Constructed Data Data to the		
J7650	Isoetharine Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7657	Isoproterenol Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
J7660	Isoproterenol Comp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	BX501.052	Compounded Drug Products		
17000	isoproterenor comp onit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	KX301.005		-	-
J7667	Metaproterenol Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
J7670	Metaproterenol Comp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
11010	Wetapioterenoi comp onit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	NX301.003		-	-
J7676	Pentamidine Comp Unit Dose	Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7680	Terbutaline Sulf Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
J7681	Terbutaline Sulf Comp Unit		RX501.063	Compounded Drug Products	-	-
J7683	Triamcinolone Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7684	Triamcinolone Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7685	Tobramycin Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
17500	Interface Columbus Tax Dava	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
J7699 J7799	Inhalation Solution For Dme	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
17799		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
17999	Compounded Drug Noc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J8498 J8499	Antiemetic Rectal/Supp Nos Oral Prescrip Drug Non Chemo	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J8499 J8597		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
18999	Antiemetic Drug Oral Nos Oral Prescription Drug Chemo	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J9020	Asparaginase Nos	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J9022	Inj Atezolizumab 10 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	- * #N/A		-	- 10/10/2021
J9022	Injection Avelumab 10 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		#N/A	-	10/10/2021
J9032	Injection Relinostat 10Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Oncology Medications	-	12/31/2021
	Injection Bennostat Towig	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	OTH903.027	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	-	
19035	Bevacizumab Injection	Prior Authorization per contract agreement.	OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	12/31/2021
J9037	Injection, Belantamab Mafodontin- Blmg, 0.5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	-
19039	Injection Blinatumomab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		#N/A	Moved to PA list	-
J9043	Intention Colorational Adda	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	+N/A	#N/A		10/10/2021
	Injection Cabazitaxel 1 Mg	Prior Authorization per contract agreement.	#19/6		-	
J9044	Inj Bortezomib Nos 0.1 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-	-	-	-
		Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement	- 2 #N/A		- -	- 10/10/2021
J9044	Inj Bortezomib Nos 0.1 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	- 2 #N/A		- - Moved to PA list	- 10/10/2021 -
J9044 J9047	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 2 #N/A	- #N/A	Moved to PA list Retired 2019	- 10/10/2021 -
J9044 J9047 J9057	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg	Prior Authorization per contract agreement. Unlisted: Procedury/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedury/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedury/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedury/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed reviewe	- #N/A #N/A			_ 10/10/2021 _ _ _
J9044 J9047 J9057 J9118	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl	Prior Authorization per contract agreement. Unlisted: Procedury/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedury/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed agai	- #N/A #N/A #N/A #N/A		Retired 2019	- 10/10/2021 - - - 10/10/2021
J9044 J9047 J9057 J9118 J9119	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Cemiplimab-Rwic 1 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for procedure/Service reviewed against Medical Policy Criteria.	- #N/A #N/A #N/A #N/A #N/A		Retired 2019 Moved to PA list	-
J9044 J9047 J9057 J9118 J9119 J9144	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Cemiplimab-Rwic 1 Mg Daratumumab Hyaluronidase	Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, suprequire Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. may require Prior Authorization per contract agreement.	- ************************************		Retired 2019 Moved to PA list	- - - 10/10/2021
J9044 J9047 J9057 J9118 J9119 J9144 J9145	Inj Bortezomib Nos 0.1 Mg Injection Carfilizomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Cemiplimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		- #N/A #N/A #N/A #N/A #N/A #N/A	Retired 2019 Moved to PA list Moved to PA list	- - - 10/10/2021 10/10/2021
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J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Camplimab-Rwlc 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection	Prior Authorization per contract agreement. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		- #N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	Retired 2019 Moved to PA list Moved to PA list - Moved to PA list	- - - 10/10/2021 12/31/2021 12/31/2021
J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155	Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Camiplimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg	Prior Authorization per contract agreement. Unlisted: Procedury/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedury/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Predetermination to avoid post-service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, submit for prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for prior Authorization per contract agreement.		- WN/A WN/A WN/A WN/A WN/A WN/A Oncology Medications WN/A	Retired 2019 Moved to PA list Moved to PA list - Moved to PA list	- - - 10/10/2021 12/31/2021 12/31/2021 10/10/2021
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J9299	Injection Nivolumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		#N/A	-	10/10/2021
J9301	Obinutuzumab Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	_	10/10/2021
J9306	Injection Pertuzumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	#N/A	#N/A	_	10/10/2021
J9308	Injection Ramucirumab	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		HN/A		10/10/2021
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	10/10/2021
19309	Inj Polatuzumab Vedotin 1Mg	predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	-
J9311	Inj Rituximab Hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	-	12/31/2021
J9312	Inj. Rituximab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	-	12/31/2021
J9313	Inj. Lumoxiti 0.01 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	-
J9316	Injection, Pertuzumab, Trastuzumab,	, MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Moved to PA list	10/10/2021
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	And Hyaluronidase-Zzxf, Per 10 Mg	predetermination to avoid post-service review.	#N/A	HIV/A	WOVED TO PA list	10/10/2021
J9317	Sacituzumab Govitecan-Hziy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
J9325	Inj Talimogene Laherparepvec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	_	12/31/2021
J9332	Inj efgartigimod 2mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.141	Efgartigimod alfa-fcab	7/1/2022	_
J9349	Injection, Tafasitamab-Cxix, 2Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Moved to PA list	
J9352		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	,			-
	Injection Trabectedin 0.1Mg	Prior Authorization per contract agreement.		#N/A	Moved to PA list	-
J9354	Inj Ado-Trastuzumab Emt 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	-	10/10/2021
J9358	Inj Fam-Trastu Deru-Nxki 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
19600	Porfimer Sodium Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.029	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	-	-
19999	Chemotherapy Drug	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	MED203.002 RX501.063 RX501.087 RX501.085 RX501.057	-	-	-
к0005	Ultralightweight Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0010	Stnd Wt Frame Power Whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0011		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
	Stnd Wt Pwr Whichr W Control	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0012	Ltwt Portbl Power Whichr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
КОО13	Custom Power Whichr Base	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
КОО14	Other Power Whichr Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0053	Elevate Footrest Articulate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0065	Spoke Protectors	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.				
к0108	W/C Component-Accessory Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	DME101.010	Wheelchairs and Accessories	-	-
K0455	Pump Uninterrupted Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	-	-
к0800	Pov Group 1 Std Up To 300Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
К0801	Pov Group 1 Hd 301-450 Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0802	Pov Group 1 Vhd 451-600 Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0806	Pov Group 2 Std Up To 300Lbs	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0807	Pov Group 2 Hd 301-450 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0808	Pov Group 2 Vhd 451-600 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
КО812	Power Operated Vehicle Noc	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	DME101.010	Wheelchairs and Accessories	-	-
K0813	Pwc Gp 1 Std Port Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0814	Pwc Gp 1 Std Port Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0815	Pwc Gp 1 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
K0816	Pwc Gp 1 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0820	Pwc Gp 2 Std Port Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0821	Pwc Gp 2 Std Port Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0822	Pwc Gp 2 Std Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0823	Pwc Gp 2 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0824	Pwc Gp 2 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0825	Pwc Gp 2 Hd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0826	Pwc Gp 2 Vhd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0827	Pwc Gp Vhd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0828	Pwc Gp 2 Xtra Hd Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0829	Pwc Gp 2 Xtra Hd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0830	Pwc Gp2 Std Seat Elevate S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0831	Pwc Gp2 Std Seat Elevate Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0835	Pwc Gp2 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	-
K0836	Pwc Gp2 Std Sing Pow Opt Cap	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0841	Pwc Gp2 Std Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0842	Pwc Gp2 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	-
I.		predetermination to avoid post-service review.			-	-

к0843	Pwc Gp2 Hd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0848	Pwc Gp 3 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0849	Pwc Gp 3 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
к0850	Pwc Gp 3 Hd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0851	Pwc Gp 3 Hd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
к0852	Pwc Gp 3 Vhd Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0853	Pwc Gp 3 Vhd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0854	Pwc Gp 3 Xhd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0855	Pwc Gp 3 Xhd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0856		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
	Pwc Gp3 Std Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0857	Pwc Gp3 Std Sing Pow Opt Cap	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
К0858	Pwc Gp3 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0859	Pwc Gp3 Hd Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0860	Pwc Gp3 Vhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0861	Pure Go2 Std Mult Pow Opt S/R	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
	Pwc Gp3 Std Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Wilderfragis and Accessories	-	-
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
К0863	Pwc Gp3 Vhd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0868	Pwc Gp 4 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0869	Pwc Gp 4 Std Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0870	Pwc Gp 4 Hd Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0871	Pwc Gp 4 Vhd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0877	Pwc Gp4 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0878	Pwc Gp4 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
к0879	Pwc Gp4 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0880		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	D. 154.04.040	The state is a state of a second se	-	-
	Pwc Gp4 Vhd Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0884	Pwc Gp4 Std Mult Pow Opt S/B	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0885	Pwc Gp4 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0886	Pwc Gp4 Hd Mult Pow S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0890	Pwc Gp5 Ped Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	DIVICIOI.010	Wheekhan's and Accessories	-	-
к0898	Power Wheelchair Noc	contract/clinical review.	-	-	-	-
к0899	Pow Mobil Dev No Dmepdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к1002	Ces System W/Supplies Access	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702.019	Cranial Electrotherapy Stimulation and Auricular Electrostimulation		
		Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				-
к1003	Whirlpool Tub Walkin Portabl	review.	-	-	-	-
к1004	Lo Freq Us Diathermy Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE803.008	Non-Covered Physical Therapy Services	_	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				-
К1007	Bil Hkaf Pc S/D Micro Sensor	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME103.008	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	3/1/2021	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
К1009	Speech Volume Modulation Sys	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE803.014	Speech-Language Therapy (SLT)	3/1/2021	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1018	Ext Up Limb Tremor Stim Wris	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	-
K1010	Monthly Super Line Web 14040	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.022	Eventimental Investigational and/or Linnoven Presentings (Consistent	2021 09 15	
К1019	Monthly Supp Use With K1018	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADIVI1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	-
К1020	Non-Invasive Vagus Nerv Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.021	Vagus Nerve Stimulation (VNS)	2021-07-01	-
К1023	Trans elec nerv periph nerv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	10/1/2021	12/31/2021
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1023	Trans elec nerv periph nerv	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	1/1/2022	-
K1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	10/1/2021	12/31/2021
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1024	Non pneum comp control cal	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2022	-
К1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	10/1/2021	12/31/2021
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
к1025	Non pneum compress full arm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2022	-
К1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	10/1/2021	_
К1030	Ext Recharge Bat Replacement	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.068	Cardiac Contractility Modulation (CCM) Device	2022-04-01	
	neena-be par nep/atement	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			1011-04-01	-
К1031	Non Pneu Comp Control W/O Ca	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
К1032	Non Pneum Seq Comp Full Leg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	-
к1033	Non Preum See Come Half Las	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.022	Evanimental Investigational and/or Linnoven Procedures (Convices	2022-04-01	
.1035	Non Pneum Seq Comp Half Leg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADIVI1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	-
L0999	Add To Spinal Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L1499	Spinal Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
L1834	Ko W/0 Joint Rigid Molded To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME103.002	Knee Braces	_	6/30/2022
L1840	Ko Derot Ant Cruciate Custom	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME103.002	Knee Braces		6/30/2022
/ •	contract of delate custom	predetermination to avoid post-service review.			-	.,,

L1844	Ko W/Adj Jt Rot Cntrl Molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME103.002	Knee Braces	-	-
L1846	Ko W Adj Flex/Ext Rotat Mold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME103.002	Knee Braces	-	6/30/2022
L2006	Kaf Sng/Dbl Swg/Stn Mcpr Cus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-
L2999	Lower Extremity Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L3040	Ft Arch Suprt Premold Longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-
L3050	Foot Arch Supp Premold Metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-
L3060	Foot Arch Supp Longitud/Meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e	-	-	-
L3649	Orthopedic Shoe Modifica Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L3999	Upper Limb Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L5857	Elec Knee-Shin Swing Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	-	-
L5973	Ank-Foot Sys Dors-Plant Flex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	-	-
L5981	Flex-Walk Sys Low Ext Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	-	6/30/2022
L5999	Lowr Extremity Prosthes Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L6026	Part Hand Myo Exclu Term Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6611	Additional Switch Ext Power	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6621	Flex/Ext Wrist W/Wo Friction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022

L6880

Electric Hand Switch Or Myclelectric Controlled Independently Articulating Digits Any Grasp Pattern Or Combination Of Grasp Patterns Includes Motor(5)

Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for determination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis

	Of Grasp Patterns Includes Motor					
L6882	Microprocessor Control Uplmb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022
6920	Wrist Disarticul Switch Ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
5925	Wrist Disart Myoelectronic C	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
930		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
930	Below Elbow Switch Control	predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
935	Below Elbow Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
i940	Elbow Disarticulation Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	_
5945	Elbow Disart Myoelectronic C	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
5950	Above Elbow Switch Control	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
955	Above Elbow Myoelectronic Ct	predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
960	Shldr Disartic Switch Contro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
5965	Shldr Disartic Myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
5970	Interscapular-Thor Switch Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
5975	Interscap-Thor Myoelectronic	predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
7007	Adult Electric Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022
7008	Pediatric Electric Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
7009	Adult Electric Hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	-
7040	Prehensile Actuator	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
7045	Pediatric Electric Hook	predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
7170	Electronic Elbow Hosmer Swit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
180	Electronic Elbow Sequential	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
7181	Electronic Elbo Simultaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	_
7185	Electron Elbow Adolescent Sw	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
7186	Electron Elbow Child Switch	predetermination to avoid post-service review.	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
7190	Elbow Adolescent Myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
7191	Elbow Child Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
7259	Electronic Wrist Rotator Any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	_	6/30/2022
7364	Twelve Volt Battery Utah/Equ	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Prostnesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
7366	Battery Chrgr 12 Volt Utah/E	predetermination to avoid post-service review.	DME104.001	Prosthesis	-	-
7499	Upper Extremity Prosthes Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
8039	Breast Prosthesis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-	-
8048	Unspec Maxillofacial Prosth	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
3499	Unlisted Misc Prosthetic Ser	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
8604	Dextranomer/Hyaluronic Acid	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.022	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	-	-
8605	Inj Bulking Agent Anal Canal	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
8606	Synthetic Implnt Urinary 1Ml	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence		
5000	Synthetic Impirit Urinary 1MI	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.022	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	-	-
3608	Arg li Ext Com/Sup/Acc Misc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR713.026	Retinal Prosthesis	-	-
3612	Aqueous Shunt Prosthesis	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.034	Aqueous Shunts and Stents for Glaucoma		
	•	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	3010/13.034	*	-	-
3614	Cochlear Device	Prior Authorization per contract agreement.		Cochlear Implant	-	-
3615	Coch Implant Headset Replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Cochlear Implant	-	-
3616	Coch Implant Microphone Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Cochlear Implant	-	-
8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR714.004	Cochlear Implant	_	_
8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Cochlear Implant		
3010	Coch implant fran Cable Repl	Prior Authorization per contract agreement.	301/14.004	Comea Impant	-	-

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L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	1.004 Co	chlear Implant	-	-
L8621	Repl Zinc Air Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.0	.004 Co	chlear Implant	_	-
L8622	Repl Alkaline Battery	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.0	.004 Co	chlear Implant		
L8623	Lith Ion Batt Cid Non-Earlyl	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.0			-	-
		Prior Authorization per contract agreement.		chlear Implant	-	-
L8624	Lith Ion Batt Cid Ear Level	Prior Authorization per contract agreement.		chlear Implant	-	-
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		chlear Implant	-	-
L8628	Cid Ext Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	.004 Co	schlear Implant	-	-
L8629	Cid Transmit Coil And Cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	.004 Co	chlear Implant	_	-
L8690	Aud Osseo Dev Int/Ext Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.0	.003 In	plantable Bone-Conduction and Bone-Anchored Hearing Aids	_	_
L8691	Aoi Snd Proc Repl Excl Actua	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		plantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
		Prior Authorization per contract agreement.			-	-
L8693	Aud Osseo Dev Abutment	Prior Authorization per contract agreement.		plantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
L8694	Aoi Transducer/Actuator Repl	predetermination to avoid post-service review.	1.003 In	plantable Bone-Conduction and Bone-Anchored Hearing Aids	-	6/30/2022
L8699	Prosthetic Implant Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-	-
L8701	Ewh S/D Uprt Micro Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME104.		oper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb osthesis	-	-
L8702	Ewhf S/D Uprt Micro Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. DME104.	4 001 U	oper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb osthesis	_	_
M0075	Cellular Therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	PI	usulesis		
P2031	Hair Analysis	review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for PSY301.0	-	utism Spectrum Disorders (ASD)	-	-
72031		predetermination to avoid post-service review.			-	-
P9020	Plaelet Rich Plasma Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RX501.03		thopedic Applications of Platelet-Rich Plasma combinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	-
		Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
P9099	Blood Component/Product Noc	review Unlisted: Procedure/service not specifically defined or classified	-		-	-
Q0239	Bamlanivimab-Xxxx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		-	4/16/2021
Q0507	Misc Sup/Acc Ext Vad	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
Q0508	Misc Sup/Acc Imp Vad	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to				
Q0509		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
	Mis Sup/Ac Imp Vad Nopay Med	contract/clinical review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
Q0510	Dispens Fee Immunosupressive	review	-		-	-
Q0511	Sup Fee Antiem Antica Immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	-
Q0512	Px Sup Fee Anti-Can Sub Pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	-
Q2026	Radiesse Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.0	i.001 Co	osmetic and Reconstructive Procedures	_	-
Q2028	Inj Sculptra 0.5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.0	.001 Co	ssmetic and Reconstructive Procedures	_	_
Q2039	Influenza Virus Vaccine Nos	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
-		contract/clinical review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX502.06	-		-	-
Q2041	Axicabtagene Ciloleucel Car+	Prior Authorization per contract agreement. MR Criteria: Procedure/convice reviewed against Medical Policy Criteria, may require		ncology Medications	-	-
Q2042	Tisagenlecleucel Car-Pos T	Prior Authorization per contract agreement. RX502.06	061 0	ncology Medications	-	-
Q2043	Sipuleucel-T Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require $_{\rm HN/A}$ Prior Authorization per contract agreement.	#1	1/A	-	10/10/2021
Q2050	Doxorubicin Inj 10Mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
Q2052	Ivig Demo Services/Supplies	contract/clinical review. May require PA per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	D61 O	ncology Medications	4/1/2021	-
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. RX502.06	061 0	ncology Medications	10/1/2021	_
Q2055	Idecabtagene Vicleucel Car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for 8X502.06	061 0	ncology Medications	1/1/2022	_
Q4050	Cast Supplies Unlisted	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
Q4051	Splint Supplies Misc	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
Q4082	Drug/Bio Noc Part B Drug Cap	review.	-		-	-
Q4100	Skin Substitute Nos	Unlisted: Procedure/service not specifically defined or classified MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to SUR704.0c ontract/clinical review.	i.012 Bi	oengineered Skin and Soft Tissue Substitutes	-	-
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR704.0	.012 Bi	pengineered Skin and Soft Tissue Substitutes	-	-
Q4102	Oasis Wound Matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	.012 Bi	pengineered Skin and Soft Tissue Substitutes	-	-
Q4103	Oasis Burn Matrix	predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP).		engineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4104	Integra Bmwd	Poincy (JCPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP).	i.012 Bi	pengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4105	Integra Drt Or Omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	.012 Bi	pengineered Skin and Soft Tissue Substitutes	_	_
Q4106	Dermagraft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		pengineered Skin and Soft Tissue Substitutes		
04100		predetermination to avoid post-service review. Sources: MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR704.0			-	-
	Graftjacket	predetermination to avoid post-service review.	-	pengineered Skin and Soft Tissue Substitutes	-	-
Q4108	Integra Matrix	predetermination to avoid post-service review.	.012 Bi	pengineered Skin and Soft Tissue Substitutes	-	-
Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	i.012 Bi	oengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4111	Gammagraft	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	i.012 Bi	oengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4112	Cymetra Injectable	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	i.012 Bi	pengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4113	Graftjacket Xpress	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.0 Policy (CPCP).	i.012 Bi	oengineered Skin and Soft Tissue Substitutes	5/15/2021	-

Q4160	Nushield 1 Square Cm	EUC Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4159	Affinity1 Square Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	1/31/2022
Q4159	Affinity1 Square Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	2/1/2022	-
Q4158	Kerecis Omega3 Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4157	Revitalon 1 Square Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4156	Neox 100 Or Clarix 100	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4155	Neoxflo Or Clarixflo 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4154	Biovance 1 square cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIII: Procedure/service not reimbursed but the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4153	Dermavest Plurivest Sq Cm	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP)	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4152	Dermapure 1 Square Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4151	Amnioband guardian 1 sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amilotic Membrane and Amilotic Fluid	- 08/15/2021	-
Q4150	Allowrap Ds Or Dry 1 Sq Cm	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4149	Excellagen 0.1 Cc	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Ammoule menta are an Ammoule mula Bioengineered Skin and Soft Tissue Substitutes	- 5/15/2021	-
Q4148	Neox Neox Rt Or Clarix Cord	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4147	Architect Ecm Px Fx 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4146	Tensix 1Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	- 5/15/2021	_
Q4145	Epifix Inj 1Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4142	Repriza 1Cm	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4142	Xcm Biologic Tiss Matrix 1Cm	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4141	Alloskin Ac 1 Cm	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Rinnoue mente ane ann Ammoue mad	- 5/15/2021	_
Q4140	Biodfence 1Cm	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4139	Amnio Or Biodmatrix Inj 1Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	_	_
Q4138	Biodfence Dryflex 1Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Anniotic Membrane and Anniotic Fluid	_	_
Q4137	Amnioexcel Biodexcel 1Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	_	_
Q4136	Ezderm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4135	Mediskin	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4134	Hmatrix	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4132 Q4133	Grafix core grafixpl core Grafix stravix prime pl sqcm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4130		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4128	Flexhd/Allopatchhd/Matrixhd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4127	Talymed Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4126	Memoderm/Derma/Tranz/Integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4125	Arthroflex Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4124	Oasis Ultra Tri-Layer Wound Matrix Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4123	Alloskin Rt Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4122	Dermacell Awm Porous Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/1/2021	10/14/2021
Q4122	Dermacell Awm Porous Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	3/31/2021
Q4122	Dermacell Awm Porous Sq Cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	10/15/2021	_
Q4121	Theraskin	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4118	Matristem Micromatrix	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4117	Hyalomatrix	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4116	Alloderm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4114	Alloskin	predetermination to avoid post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4114	Integra Flowable Wound Matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes		

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4161	Bio-Connekt Per Square Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4162	Wndex Flw Bioskn Flw 0.5Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4163	Woundex Bioskin Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4164	Helicoll Per Square Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4165	Keramatrix Kerasorb Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4166	Cytal Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4167	Truskin Per Sq Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4169	Artacent Wound Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4170	Cygnus Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4171	Interfyl 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4173	Palingen Or Palingen Xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4174	Palingen Or Promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4175	Miroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/1/2021	-
Q4176	Neopatch Or Therion, Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4177	Floweramnioflo 0.1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4178	Floweramniopatch Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4179	Flowerderm Per Sq Cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4180	Revita Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4181	Amnio Wound Per Square Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding policy (CCC)	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4182	Transcyte Per Sq Centimeter	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4183	Surgigraft 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	-
Q4184	Cellesta Or Duo Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	-
Q4185	Cellesta Flowab Amnion 0.5Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4186	Epifix 1 sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4188	Amnioarmor 1 Sq Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4189	Artacent Ac 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4190	Artacent Ac 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding pairs. (CCC)	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4191	Restorigin 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	-
Q4192	Restorigin 1 Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704 011	Amniotic Membrane and Amniotic Fluid		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
Q4193	Coll-E-Derm 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4194	Novachor 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid	-	-
Q4195	Puraply 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4196	Puraply Am 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4197	Puraply Xt 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4198	Genesis Amnio Membrane 1Sqcm	review. Check Elli policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4199	Cygnus Matrix Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-15	-
Q4200	Skin Te 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4201	Matrion 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4202	Keroxx (2.5G/Cc) 1Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4203	Derma-Gide 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-

Q4204	Xwrap 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4205	Membrane Graft Or Wrap Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4206	Fluid Flow Or Fluid Gf 1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4208	Novafix Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4209	Surgraft Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4210	Axolotl Graf Dualgraf Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4211	Amnion Bio Or Axobio Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4212	Allogen Per Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4213	Ascent 0.5 Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid		
Q4214	Cellesta Cord Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid		
Q4215	Axolotl Ambient Cryo 0.1 Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4216	Artacent Cord Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
Q4217	Woundfix Biowound Plus Xplus	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid	-	-
Q4218	Surgicord Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4219 Q4220	Surgigraft Dual Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Amniotic Membrane and Amniotic Fluid	-	-
	Bellacell Hd Surederm Sq Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	5/14/2021
Q4220	Bellacell Hd Surederm Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4221 Q4222	Amniowrap2 Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid Bioeneineered Skin and Soft Tissue Substitutes	-	- 5/14/2021
	Progenamatrix Per Sq Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	5/14/2021
Q4222	Progenamatrix Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4224	Hhf10-P Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4225	Amniobind Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4227	Amniocore Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4228	Bionextpatch Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	9/30/2021
Q4229	Cogenex Amnio Memb Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4230		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704 011			-
	Cogenex Flow Amnion 0.5 Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	501704.011	Amniotic Membrane and Amniotic Fluid	-	
Q4231	Cogenex Flow Amnion 0.5 Cc Corplex P Per Cc			Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011		-	-
Q4231	Corplex P Per Cc	Policy (CPCP). EUL: Procedurd/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4231 Q4232	Corplex P Per Cc Corplex Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011 SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	- - - -	-
Q4231 Q4232 Q4233	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc	Policy (CPCP). EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011 SUR704.011 SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	- - - -	
Q4231 Q4232 Q4233 Q4234	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xceilerate Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011	Anniotic Membrane and Anniotic Fluid	- - - - -	- - - - 9/30/2021
Q4231 Q4232 Q4233 Q4234 Q4235	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid	- - - - - - -	- - - - 9/30/2021
Q4231 Q4232 Q4233 Q4233 Q4234 Q4235 Q4236	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm	Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid	- - - - - - - - - - - - - - - - - - -	- - - - 9/30/2021 - 6/30/2022
Q4231 Q4232 Q4233 Q4234 Q4235 Q4235 Q4236 Q4237	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Cryo-Cord Per Sq Cm	Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011	Armiotic Membrane and Armiotic Fluid	- - - - - - - - - - - - - - - - - - -	-
Q4231 Q4232 Q4233 Q4234 Q4235 Q4235 Q4235 Q4237 Q4238	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Cryo-Cord Per Sq Cm Derm-maxx, per Sq cm	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011 SUR704.011	Anniotic Membrane and Anniotic Fluid		-
Q4231 Q4232 Q4233 Q4233 Q4234 Q4235 Q4236 Q4236 Q4237 Q4238 Q4238	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Carepatch Per Sq Cm Derm-maxx, per Sq cm	Policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR704.011	Amniotic Membrane and Amniotic Fluid		-
Q4231 Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4238 Q4239 Q4239	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Cryo-Cord Per Sq Cm Derm-maxx, per Sq cm Derm-maxx, per Sq cm Crocecyte Topical Only 0.5 Cc	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical P	SUR704.011	Anniotic Membrane and Anniotic Fluid		-
Q4231 Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4238 Q4239 Q4240	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Ceryo-Cord Per Sq Cm Derm-maxx, per sq cm Derm-maxx, per sq cm Amnio-Maxx Or Lite Per Sq Cm Corecyte Topical Only 0.5 Cc	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP028, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP028, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP028, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Pa	SUR704.011	Amniotic Membrane and Amniotic Fluid	7/1/2022 - - -	-
Q4231 Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4238 Q4239 Q4240 Q4241	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Carepatch Per Sq Cm Derm-maxx, per Sq Cm Derm-maxx, per Sq Cm Corecyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc	Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC0	SUR704.011	Amniotic Membrane and Amniotic Fluid		-
Q4231 Q4232 Q4233 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4239 Q4239 Q4234 Q4235	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Cryo-Cord Per Sq Cm Derm-maxx, per Sq Cm Derm-maxx, per Sq Cm Corecyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc	Policy (CPCP). EUL: Procedur/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical	SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	7/1/2022 - - -	-
Q4231 Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4238 Q4239 Q4239 Q4234 Q4235	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Carepatch Per Sq Cm Derm-maxx, per Sq Cm Derm-maxx, per Sq Cm Corecyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc	Policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clin	SUR704.011	Amniotic Membrane and Amniotic Fluid	7/1/2022 - - -	-
Q4231 Q4232 Q4233 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4238 Q4239 Q4240 Q4242 Q4244	Corplex P Per Cc Corplex Per Sq Cm Surfactor /Nudyn Per 0.5 Cc Xcellerate Per Sq Cm Amniorepair Or Altiply Sq Cm Carepatch Per Sq Cm Cryo-Cord Per Sq Cm Derm-maxx, per Sq Cm Derm-maxx, per Sq Cm Corecyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc Polycyte Topical Only 0.5 Cc	Policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedur/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reviewed against Medical Policy Criteria. Submit for pre-service review. Check EUL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EUL: Procedurs/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL policy CPCP08, w	SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	7/1/2022 - - -	-

Q4247	Amniotext Patch Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 F	Amniotic Membrane and Amniotic Fluid	-	-
Q4248	Dermacyte Amn Mem Allo Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). SUR704	4.011 F	Amniotic Membrane and Amniotic Fluid	-	-
Q4249	Amniply Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 F	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4250	Amnioamp-Mp Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). SUR704	4.011 F	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4251	Vim per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4.011 /	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 4	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4252	Vendaje per square centimet	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR704	4.011 4	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4252	Vendaje per square centimet	Predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 4	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4253	Zenith amniotic membrane psc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	.4.011 ¢	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4253	Zenith amniotic membrane psc	predetermination to avoid post-service review. EU: Procedure/service on termbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704	4.011 4	Amniotic Membrane and Amniotic Fluid	1/1/2022	_
Q4254	Novafix DI Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704	.4.011 A	Amniotic Membrane and Amniotic Fluid	3/1/2021	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4255	Reguard Topical Use Per Sq	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP). EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	4.011 A	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4256	Mlg Complet Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 A	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4257	Relese Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 A	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4258	Enverse Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704 Policy (CPCP).	4.011 F	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q5009	Hospice Care Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-	-
Q5103	Injection Inflectra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX501. Prior Authorization per contract agreement. RX501.0		nfliximab and Associated Biosimilars specialty Medication Administration Site of Care	_	-
Q5104	Injection Renflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX501.0	051 li	nfliximab and Associated Biosimilars	_	_
Q5106	Inj Retacrit Non-Esrd Use	Prior Authorization per contract agreement. RX501.0 MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX501.0 RX501.0	.096 S	pecialty Medication Administration Site of Care Tythropoiesis-Stimulating Agents (ESAs)		
05107		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for #N/A		n/A	- Moved to PA list	10/10/2021
	Inj Mvasi 10 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require RX501.0			Noved to PA list	10/10/2021
Q5109	Injection Ixifi 10 Mg	Prior Authorization per contract agreement. KX501.0 MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX502.0 RX502.0		nfliximab and Associated Biosimilars	-	-
Q5115	Inj Truxima 10 Mg	Prior Authorization per contract agreement. MR Criteria: Procedure/concise reviewed against Medical Policy Criteria: Submit for	.030 R	Rituximab and Biosimilars for Non-Oncologic Indications	-	-
Q5118	Inj. Zirabev 10 Mg	predetermination to avoid post-service review.	#	in/A	Moved to PA list	10/10/2021
Q5119	Inj Ruxience 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. #N/A	#	in/A	Moved to PA list	10/10/2021
Q5124	Inj. Byooviz 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. OTH903	J3.041 R	anibizumab Injections, Implants and Biosimilars	2022-04-01	-
S0013	Esketamine Nasal Spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. RX501.1	.105 E	sketamine Nasal Spray	2/1/2021	-
S0117	Tretinoin Topical 5 G	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	_
50142	Colistimethate Inh Sol Mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_	_
50157	Becaplermin Gel 1% 0.5 Gm	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require RX501.0	.034 F	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	.7.001 0	Sender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
50189	Testosterone Pellet 75 Mg	Prior Authorization per contract agreement. RX501.0 RX501.0		Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Festosterone Replacement Therapies	-	-
S0197	Prenatal Vitamins 30 Day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	_
50310	Hospitalist Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_	_
S0320	Rn Telephone Calls To Dmp	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_	_
\$0590	Misc Integral Lens Serv					
50622	Phys Exam For College	contract/clinical review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			-	-
		review	-		-	-
50800	Laser In Situ Keratomileusis	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	3.001 R	Refractive and Therapeutic Keratoplasty	-	-
50810 51001	Photorefractive Keratectomy Deluxe Item	review			-	-
		contract/clinical review			-	-
S1002	Custom Item	contract/clinical review	-		-	-
S1040	Cranial Remolding Orthosis	predetermination to avoid post-service review. MD Criteria Presedure (capite service review.		Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses		6/30/2022
S1091	Stent Non-Coronary Propel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6.001 N	Nasal and Sinus Surgery	5/15/2021	-
S2083	Adjustment Gastric Band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716	.6.003 P	Bariatric Surgery	-	-
52112	Knee Arthroscp Harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service on terimbursed by the Plan. Not subject to pre-service	5.035 A	Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	2022-05-01	-
S2117	Arthroereisis Subtalar	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705		subtalar Arthroereisis (STA)	-	-
		MR Criteria: Procedure (convice reviewed against Medical Policy Criteria, may require	1	Hip Resurfacing (HR)		
S2118	Total Hip Resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 03/31/2022.			-	-
S2118 S2120	Total Hip Resurfacing Low Density Lipoprotein(Ldl)	Prior Authorization per contract agreement until 03/31/2022. Prior Authorization per contract agreement until 03/31/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		iji nesultating (htt) ipid Apheresis	-	-

1			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.047	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029	Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
S2140	Cord Blood Harvesting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	_	_
		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.033	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroelobulinemia		
			SUR703.045	Hematopoletic Cell Transplantation to Walderström Walderstr Hematopoletic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.047 SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
S2142	Cord Blood-Derived Stem-Cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
		procession action to avoid post-service review.	SUR703.040	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoletic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035 SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Non-Hodekin Lymphomas		
			SUR703.030 SUR703.046	Hematopoletic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroelobulinemia		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			CU10707	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.037 SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.043	Recipient Information)		
			SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
S2150	Bmt Harv/Transpl 28D Pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
52150	Sinchary Harspitzeb Hig	predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malienant Astrocytomas and Gliomas		
			SUR703.035 SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
\$2230	Implant Semi-Imp Hear	predetermination to avoid post-service review.	SUR714.008	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	-	-
S2235	Implant Auditory Brain Imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR714.009	Auditory Brainstem Implant		
		predetermination to avoid post-service review.	5010 14.005		-	-
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
S2300	Arthroscopy Shoulder Surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to		Thermal Capsulorrhaphy as a Treatment of Joint Instability	_	-
52300 52409	Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use O	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
52409	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List	EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/Alinical review. f MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for	SUR705.041	-	-	-
	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately In Addition To Code For	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. f		Thermal Capsulorrhaphy as a Treatment of Joint Instability Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	- - -	- - -
52409	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. f MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.041 - SUR701.014	-	- - -	-
\$2409 \$2900 \$3600	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab	EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CRCP). Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract//inicial review. f MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.041 - SUR701.014	-	- - - -	-
<mark>52409</mark> 52900	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)	EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Uninisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	SUR705.041 - SUR701.014	-	- - - -	- - - -
\$2409 \$2900 \$3600	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unitsted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. f MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	SUR705.041 - SUR701.014	-	- - - -	- - - -
52409 52900 53600 53601	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. f MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.041 - SUR701.014		- - - - -	- - - - -
52409 52900 53600 53601	Fetal Surg Noc Surgical Techniques Requiring Use D Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not reviewed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.041 - SUR701.014		- - - - -	- - - - -
52409 52900 53600 53601 53650	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. M P Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Cliu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR705.041 SUR701.014 MED207.128	- Endoscopic, Arthroscopic, Bronchoscopic and Thoracoscopic Surgery Salivary Hormone Testing	- - - - - -	- - - - - -
52409 52900 53600 53601 53650	Fetal Surg Noc Surgical Techniques Requiring Use D Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCDB8, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/inicial review. f MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not convered by the Plan. Not subject to pre-service review. EU: Procedure/service not embursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR705.041 - SUR701.014 - - - MED207.128 MED207.128	- Endoscopic, Arthroscopic, Bronchoscopic and Thoracoscopic Surgery Salivary Hormone Testing	- - - - - -	- - - - - -
S2409 S2900 S3600 S3650 S3652	Fetal Surg Noc Surgical Techniques Requiring Use O Abobtic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Saliva Test Hormone Level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contrast/linical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.041 - SUR701.014 - - - MED207.128 MED207.128		- - - - - - -	- - - - - - -
S2409 S2900 S3600 S3650 S3652	Fetal Surg Noc Surgical Techniques Requiring Use O Abobtic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Saliva Test Hormone Level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. f MP Criteria: Procedure/service not specifically defined or classified, may be subject to redreat/clinical review. M Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Son Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC908, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.041 - SUR701.014 - - - MED207.128 MED207.128		- - - - - - -	- - - - - - -
S2409 S2900 S3600 S3601 S3650 S3652 S3900	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Saliva Test Hormone Level; Surface Emg	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CRCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review. f MP Criteria: Procedure/service not specifically defined or classified, may be subject to redetermination to avoid post-service review. Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not specifically defined or classified, may be subject to contract/Linical review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). UNinster: Procedure/service not specifically defined or classified, may be subject to contract/Linical review.	SUR705.041 - SUR701.014 - - - MED207.128 MED207.128		- - - - - - - - -	- - - - - - - -
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S2409 S2900 S3600 S3650 S3652 S3900 S4015	Fetal Surg Noc Surgical Techniques Requiring Use O Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Saliva Test Hormone Level; Surface Emg Complete Ivf Nos Case Rate	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.041 - SUR701.014 - - - MED207.128 MED207.128 MED205.006 -			- - - - - - - - -
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35445	Ft Eddcation Noc Individ	contract/clinical review.	-	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
S9446	Pt Education Noc Group	review.	-	-	_	-
		Unlisted: Procedure/service not specifically defined or classified				
S9447	Infant Safety Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
55447		review.	-	-	-	-
S9449	Weight Mgmt Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
33443	weight wight class	review.	-	-	-	-
\$9451	Exercise Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
55451	Exercise class	review.	-	-	-	-
\$9454	Stroce Mant Cloce	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
35454	Stress Mgmt Class	review.	-	-	-	-

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