

**Procedure Code Groups** 

## 2024 Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered Procedure Code List - Administrative Services Only (ASO) Accounts Effective 1/1/2024 (Updated April 2024)

**Procedure Code Group Description** 

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2024 unles otherwise indicated through Blue Cross and Blue Shield of New Mexico managed for one or more of our networks:

- PPO<sup>SM</sup>
-Blue Preferred EPO
-Blue Preferred Plus
-HMO

**Utilization Management Process** 

This file is a searchable PDF.

Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

		Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review		
		(Predetermination) to avoid post-service review.	(Predetermination) to avoid post-service review.	
		Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.	i.	
Non Covered		Procedures/services not covered by the Plan. Not subject to pre-service review.		
Experimental, Invest	igational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which	ch is	
		one of our Clinical Payment and Coding Policy (CPCP).		
Unlisted or Undefine	2d	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.		
	Note: Some codes will a	ppear twice if Ending Date and Effective Date are within the same quarter period.		
Procedure Code	Code Description	Code Group & Description Effective Date Ending Date Updates	s	
		MP Criteria: Procedure/service reviewed against Medical		
00640	ANESTH SPINE MANIPULATION	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
00797	ANESTH SURGERY FOR OBESITY	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.		
07957	Weight Loss	Non Covered: Procedure/service not covered by the		
	Weight 2000	Plan. Not subject to pre-service review.		
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the</td><td></td></w>	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
.1201 REMOVE SKIN TAGS	REMOVE SKIN TAGS ADD-ON	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		

		MP Criteria: Procedure/service reviewed against Medical	
11920	Correct Skin Color 6.0 Cm/<	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11921	Correct Skn Color 6.1-20.0Cm	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11922	Correct Skin Color Ea 20.0Cm	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
11950	TX CONTOUR DEFECTS 1 CC/<	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Policy Criteria. Submit for Recommended Clinical Review _	
11331	TA CONTOON BETECTS 1.1 5.0CC	to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
11952	TV CONTOLID DEFECTS F 1 1000		
11952	TX CONTOUR DEFECTS 5.1-10CC	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11954	TX CONTOUR DEFECTS > 10.0 CC	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11960	INSERT TISSUE EXPANDER(S)	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11970	RPLCMT TISS XPNDR PERM IMPLT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
11980	IMPLANT HORMONE PELLET(S)	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
15271	Skin Sub Graft Trnk/Arm/Leg	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_
	_	to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
15272	Skin Sub Graft T/A/L Add-On	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	
		to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
15273	Skin Sub Grft T/Arm/Lg Child	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	
13273	Skin Sub Grit 1/Arm/ Eg erind	·	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
15274	Skn Sub Grft T/A/L Child Add		
15274	Skn Sub Grit 1/A/L Child Add	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-
		to avoid post-service review.	
45275	China ha Confi Form (All Austic	MP Criteria: Procedure/service reviewed against Medical	
15275	Skin Sub Graft Face/Nk/Hf/G	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
15276	Skin Sub Graft F/N/Hf/G Addl	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-
		to avoid post-service review.	

		MP Criteria: Procedure/service reviewed against Medical
15277	Skn Sub Grft F/N/Hf/G Child	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15278	Skn Sub Grft F/N/Hf/G Ch Add	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15758	FREE FASCIAL FLAP MICROVASC	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15769	GRFG AUTOL SOFT TISS DIR EXC	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15771	GRFG AUTOL FAT LIPO 50 CC/<	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15772	GRFG AUTOL FAT LIPO EA ADDL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Policy Criteria. Submit for Recommended Clinical Review
13773	THANK THUSE I IS FORCED ON TS	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Policy Criteria. Submit for Recommended Clinical Review
13770	HAIR TRIUSFE >13 FONCH GRAITS	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15780	DERMABRASION TOTAL FACE	Policy Criteria. Submit for Recommended Clinical Review
13760	DERIVIABRASION TOTAL FACE	
		to avoid post-service review.
15701	DEDMADDACION CECNAENTAL FACE	MP Criteria: Procedure/service reviewed against Medical
15781	DERMABRASION SEGMENTAL FACE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15782	DERMABRASION OTHER THAN FACE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15783	DERMABRASION SUPRFL ANY SITE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15786	ABRASION LESION SINGLE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15787	ABRASION LESIONS ADD-ON	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15788	CHEMICAL PEEL FACE EPIDERM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15789	CHEMICAL PEEL FACE DERMAL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
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		MP Criteria: Procedure/service reviewed against Medical		
15792	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15793	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15820	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15821	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15822	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15823	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15824	REMOVAL OF FOREHEAD WRINKLES	Policy Criteria. Submit for Recommended Clinical Review	1/31/2024	Retire effective
		to avoid post-service review. Prior Authorization may be —	_,,	01/31/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
15825	REMOVAL OF NECK WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
				Dating officerting
15826	REMOVAL OF BROW WRINKLES	Policy Criteria. Submit for Recommended Clinical Review	1/31/2024	Retire effective
		to avoid post-service review. Prior Authorization may be —		01/31/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
15828	REMOVAL OF FACE WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	<del>-</del>	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
15829	REMOVAL OF SKIN WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15830	EXC SKIN ABD	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15832	EXCISE EXCESSIVE SKIN THIGH	Policy Criteria. Submit for Recommended Clinical Review _		
13032	EXCIDE EXCESSIVE SKIN THIGH	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
15833	EXCISE EXCESSIVE SKIN LEG	Policy Criteria. Submit for Recommended Clinical Review _		
13033	LACIDE LACEDDIVE DRIIV LEG	to avoid post-service review.	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical
15834	EXCISE EXCESSIVE SKIN HIP	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15835	EXCISE EXCESSIVE SKIN BUTTCK	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15836	EXCISE EXCESSIVE SKIN ARM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15837	EXCISE EXCESS SKIN ARM/HAND	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15838	EXCISE EXCESS SKIN FAT PAD	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15839	EXCISE EXCESS SKIN & TISSUE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15847	EXC SKIN ABD ADD-ON	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15876	SUCTION LIPECTOMY HEAD&NECK	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15877	SUCTION LIPECTOMY TRUNK	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15878	SUCTION LIPECTOMY UPR EXTREM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
15879	SUCTION LIPECTOMY LWR EXTREM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
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15999	UNLISTED PX EXC PRESSURE ULC	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
17106	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
17107	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
17108	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

17340	CRYOTHERAPY OF SKIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
17360	SKIN PEEL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
17380	HAIR REMOVAL BY ELECTROLYSIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
17999	UNLISTD PX SKN MUC MEMB SUBQ	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
19105	CRYOSURG ABLATE FA EACH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19300	REMOVAL OF BREAST TISSUE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19303	MAST SIMPLE COMPLETE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19316	SUSPENSION OF BREAST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	4/14/2024	Retire effective 04/14/2024
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	1/31/2024	Retire effective 01/31/2024
19325	BREAST AUGMENTATION W/IMPLT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19328	RMVL INTACT BREAST IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19330	RMVL RUPTURED BREAST IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19340	INSJ BREAST IMPLT SM D MAST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
19342	INSJ/RPLCMT BRST IMPLT SEP D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

19350		MP Criteria: Procedure/service reviewed against Medical
	BREAST RECONSTRUCTION	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
19355	CORRECT INVERTED NIPPLE(S)	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
19357	TISS XPNDR PLMT BRST RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
19370	REVJ PERI-IMPLT CAPSULE BRST	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
19371	PERI-IMPLT CAPSLC BRST COMPL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
10.100	LINUSTED DROCEDURE DREACT	to avoid post-service review.
19499	UNLISTED PROCEDURE BREAST	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
20527	INJ DUPUYTREN CORD W/ENZYME	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
20564	ND	EIU: Procedure/service not reimbursed by the Plan. Not
20561	NDL INSJ W/O NJX 3+ MUSC	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
20983	ABLATE BONE TUMOR(S) PERQ	Policy Criteria. Submit for Recommended Clinical Review
	.,	to avoid post-service review.
		·
20005	CDTD ACCT DID ACC DI	EIU: Procedure/service not reimbursed by the Plan. Not
20985	CPTR-ASST DIR MS PX	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
20999		Unlisted: Procedure/consider not specifically defined or
	UNLISTED PX MUSCSKEL GENERAL	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
21073	MNPJ OF TMJ W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

21089	UNLISTED MAXLFCL PROSTH PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
21120	RECONSTRUCTION OF CHIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
21121	RECONSTRUCTION OF CHIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
21122	RECONSTRUCTION OF CHIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
21123	RECONSTRUCTION OF CHIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	4/14/2024	Retire effective 04/14/2024
21127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	4/14/2024	Retire effective 04/14/2024
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
21146	Lefort I-2 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
21147	Lefort I-3/> Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
21150	Lefort li Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

21151	Lefort li W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — required per contract agreement.
21154	Lefort lii W/O Lefort l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21155	Lefort lii W/ Lefort l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21159	Lefort lii W/Fhdw/O Lefort l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — required per contract agreement.
21160	Lefort lii W/Fhd W/ Lefort l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be  required per contract agreement.
21188	Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
21208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
21248	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — —

21249	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
21299	UNLISTED CRANFCL&MAXLFCL PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
21499	UNLISTED MUSCSKEL PX HEAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
21899	UNLISTED PX NECK/THORAX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
22505	MANIPULATION OF SPINE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
22526	IDET SINGLE LEVEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22527	IDET 1 OR MORE LEVELS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22586	ARTHRD PRE-SAC NTRBDY L5-S1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22867	INSJ STABLJ DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22868	INSJ STABLJ DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22869	INSJ STABLJ DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22870	INSJ STABLJ DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

22899	UNLISTED PROCEDURE SPINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
22999	UNLISTED PX ABDOMEN MUSCSKEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
23929	UNLISTED PROCEDURE SHOULDER	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.
24300	MNPJ ELBOW UNDER ANES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
24999	UNLISTED PX HUMERUS/ELBOW	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
25259	MANIPULATE WRIST W/ANESTHES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
25999	UNLISTED PX FOREARM/WRIST	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
26340	MANIPULATE FINGER W/ANESTH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
26341	MANIPULAT PALM CORD POST INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
26989	UNLISTED PX HANDS/FINGERS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
27275	MANIPULATION OF HIP JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
27299	UNLISTED PX PELVIS/HIP JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not — — — — — — — — — — — — — — — — — — —
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —

27703	RECONSTRUCTION ANKLE JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
27860	FIXATION OF ANKLE JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
27899	UNLISTED PX LEG/ANKLE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
28890	HI ENRGY ESWT PLANTAR FASCIA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
28899	UNLISTED PX FOOT/TOES	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
29440	Addition Of Walker To Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
29799	UNLISTED PX CASTING/STRPG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
29866	AUTGRFT IMPLNT KNEE W/SCOPE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
29914	HIP ARTHRO W/FEMOROPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
29915	HIP ARTHRO ACETABULOPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
29916	HIP ARTHRO W/LABRAL REPAIR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
29999	UNLISTED PX ARTHROSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	
30468	RPR NSL VLV COLLAPSE W/IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
30469	RPR NSL VLV COLLAPSE W/RMDLG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-

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33285 INSJ SUBQ CAR RHYTHM MNTR Policy Criteria. Submit for Recommended Clinical Review					
to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical  33418 REPAIR TCAT MITRAL VALVE Policy Criteria. Submit for Recommended Clinical Review	22205	INCLCUDO CAD DUVTURA RANTO			
MP Criteria: Procedure/service reviewed against Medical  33418 REPAIR TCAT MITRAL VALVE Policy Criteria. Submit for Recommended Clinical Review	33285	IN21 20RM CAK KHATHM WNTK	——————————————————————————————————————	-	-
33418 REPAIR TCAT MITRAL VALVE Policy Criteria. Submit for Recommended Clinical Review					
, – – – – –	22440	DEDAID TOAT AMED AN AMED			
to avoid post-service review.	33418	KEPAIR ICAI MIIKAL VALVE	<del>-</del>	-	-
			to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
33419	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review _	<del>-</del> .	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
33542	Removal Of Heart Lesion	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
33999	UNLISTED PX CARDIAC SURGERY	to avoid post-service review.		
33999	UNLISTED PA CARDIAC SURGERT	Unlisted or Undefined: Procedures/services not	_	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		Unlisted: Procedure/service not specifically defined or		
36299	UNLISTED PX VASCULAR NJX		_	_
		classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
36465	NJX NONCMPND SCLRSNT 1 VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
36466	NJX NONCMPND SCLRSNT MLT VN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
36468	NJX SCLRSNT SPIDER VEINS	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
36471	NJX SCLRSNT MLT INCMPTNT VN	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	-	_
		·		
26472	ENDOVENOUS MCUNICUEM ACTIVEIN	EIU: Procedure/service not reimbursed by the Plan. Not		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
26474	ENDOVENOUS MCHNICHEM ADD ON	·		
36474	ENDOVENOUS MCHNCHEM ADD-ON	subject to pre-service review. Check EIU policy, which is _	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
36475	ENDOVENOUS RF 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
36476	ENDOVENOUS RF VEIN ADD-ON	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	
		MP Criteria: Procedure/service reviewed against Medical		
36478	ENDOVENOUS LASER 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	_
-				

		MP Criteria: Procedure/service reviewed against Medical	
36479	ENDOVENOUS LASER VEIN ADDON	Policy Criteria. Submit for Recommended Clinical Review	<del>-</del>
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
36482	ENDOVEN THER CHEM ADHES 1ST	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
36483	ENDOVEN THER CHEM ADHES SBSQ	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
36516	Apheresis Immunoads Slctv	·	_
		to avoid post-service review. Prior Authorization may be —	
		required per contract agreement.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	subject to pre-service review. Check EIU policy, which is 1/1/2023	
30030	THOAVISTE CHIS OXIN TACS	one of our Clinical Payment and Coding Policy (CPCP).	<u> </u>
		one of our chinical rayment and coding rolley (crer).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
36837	PRQ AV FSTL CRT UXTR SEP ACS	subject to pre-service review. Check EIU policy, which is 1/1/2023	
30037	THE TOTE ON OATH SET ACS	one of our Clinical Payment and Coding Policy (CPCP).	_
		<u> </u>	
		MP Criteria: Procedure/service reviewed against Medical	
	PHOTOPHERESIS	Policy Criteria. Submit for Recommended Clinical Review	_
36522		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37215	TRANSCATH STENT CCA W/EPS	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37216	TRANSCATH STENT CCA W/O EPS	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37217	STENT PLACEMT RETRO CAROTID	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37218	STENT PLACEMT ANTE CAROTID	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Policy Criteria. Submit for Recommended Clinical Review	<del>-</del>
		to avoid post-service review.	
		to avoid post-service review.	

		MP Criteria: Procedure/service reviewed against Medical
37244	VASC EMBOLIZE/OCCLUDE BLEED	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		Unlisted: Procedure/service not specifically defined or
37501	UNLISTED VASC ENDOSCOPY PX	classified, maybe subject to contract/clinical review.
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
37500	ENDOSCOPY LIGATE PERF VEINS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37700	REVISE LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37718	LIGATE/STRIP SHORT LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37722	LIGATE/STRIP LONG LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review
	, , , , , , , , , , , , , , , , , , , ,	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37735	REMOVAL OF LEG VEINS/LESION	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37760	LIGATE LEG VEINS RADICAL	Policy Criteria. Submit for Recommended Clinical Review
37700	EIG/IIE EEG VEIIIG III IBIO/IE	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37761	LIGATE LEG VEINS OPEN	Policy Criteria. Submit for Recommended Clinical Review
07702	210/112 220 72110 01 211	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37765	STAB PHLEB VEINS XTR 10-20	Policy Criteria. Submit for Recommended Clinical Review
37703	STABITIEED VEINS ATT 10 20	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37766	PHLEB VEINS - EXTREM 20+	Policy Criteria. Submit for Recommended Clinical Review
37700	THEE VEINS - EXTREM 201	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
37780	REVISION OF LEG VEIN	
37760	REVISION OF LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
27700	LINILICTED DV VACCUU AD CUDCEDV	Unlisted: Procedure/service not specifically defined or
37799	UNLISTED PX VASCULAR SURGERY	classified, maybe subject to contract/clinical review.
20420	LIANUISTED LARG DV COLETA	Unlisted: Procedure/service not specifically defined or
38129	UNLISTED LAPS PX SPLEEN	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
37785	LIGATE/DIVIDE/EXCISE VEIN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
<b></b>		MP Criteria: Procedure/service reviewed against Medical
38204	BL DONOR SEARCH MANAGEMENT	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

38206	HARVEST AUTO STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
38205	HARVEST ALLOGENEIC STEM CELL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38207	CRYOPRESERVE STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38208	THAW PRESERVED STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38209	WASH HARVEST STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38210	T-CELL DEPLETION OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38211	TUMOR CELL DEPLETE OF HARVST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38212	RBC DEPLETION OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38213	PLATELET DEPLETE OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38214	VOLUME DEPLETE OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38230	BONE MARROW HARVEST ALLOGEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
38215	HARVEST STEM CELL CONCENTRTE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38232	BONE MARROW HARVEST AUTOLOG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

38241	TRANSPLT AUTOL HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
38240	TRANSPLT ALLO HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38242	TRANSPLT ALLO LYMPHOCYTES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38243	TRANSPLI HEMATOPOIETIC BOOST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
38589	UNLISTED LAPS PX LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
38999	UNLISTD PX HEMIC/LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
39499	UNLISTED PX MEDIASTINUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
39599	UNLISTED PX DIAPHRAGM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
40799	UNLISTED PROCEDURE LIPS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
40899	UNLISTED PX VESTIBULE MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
41530	TONGUE BASE VOL REDUCTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	3/31/2024	Retire effective 03/31/2024
41599	UNLISTED PX TONGUE FLR MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
41820	Excision Gum Each Quadrant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
41821	Excision Of Gum Flap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
41822	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
41823	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-

41828	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
41830	Removal Of Gum Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
41870	Gum Graft	Non Covered: Procedure/service not covered by the			
41872	Repair Gum	Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the			_
	<u> </u>	Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the	_	_	_
41874	Repair Tooth Socket	Plan. Not subject to pre-service review.	_	-	_
41899	UNLISTED PX DENTALVLR STRUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	-
42299	UNLISTED PX PALATE UVULA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	-
42699	UNLISTED PX SALIVRY GLND/DUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42999	UNLISTED PX PHRNX ADND/TNSL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43206	ESOPH OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
38308	INCISION OF LYMPH CHANNELS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-	-
43252	EGD OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
43236	UPPR GI SCOPE W/SUBMUC INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-	-
43289	UNLISTED LAPS PX ESOPH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43290	EGD FLX TRNSORL DPLMNT BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	-
43291	EGD FLX TRNSORL RMVL BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	-

43499	LINILISTED DROCEDURE ECONUA CUE	Unlisted: Procedure/service not specifically defined or		
43499	UNLISTED PROCEDURE ESOPHAGUS	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Policy Criteria. Submit for Recommended Clinical Review		
	2	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
43632	REMOVAL OF STOMACH PARTIAL	to avoid post-service review.	6/1/2023	-
		MP Criteria: Procedure/service reviewed against Medical	-,-,	_
43633	REMOVAL OF STOMACH PARTIAL	Policy Criteria. Submit for Recommended Clinical Review		
.5555		to avoid post-service review.	-	-
		·		
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43645	LAP GASTR BYPASS INCL SMLL I	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43770	LAP PLACE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43771	LAP REVISE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43772	LAP RMVL GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43773	LAP REPLACE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43774	LAP RMVL GASTR ADJ ALL PARTS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43775	LAP SLEEVE GASTRECTOMY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43842	V-BAND GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43843	GASTROPLASTY W/O V-BAND	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
43845	GASTROPLASTY DUODENAL SWITCH	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical
43846	GASTRIC BYPASS FOR OBESITY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43847	GASTRIC BYPASS INCL SMALL I	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43848	REVISION GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43886	REVISE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		Unlisted: Procedure/service not specifically defined or
43999	UNLISTED PROCEDURE STOMACH	
		classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Unlisted Presedure (sonite not enseifically defined or
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Halistad Danadous (saying patronsifically defined as
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Unlisted Presedure (service not enecifically defined or
44979	UNLISTED LAPS PX APPENDIX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Halistad, Drandurg (sorvice not exceptingly, defined or
45399	UNLISTED PROCEDURE COLON	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Halistad, Drandurg (sorvice not exceptingly, defined or
45499	LAPAROSCOPE PROC RECTUM	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Unlisted Presedure (sonite not enseifically defined or
45999	UNLISTED PROCEDURE RECTUM	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		FILL Dreadure (comise not reimburged by the Dian Not
46707	DEDAID ANODECTAL FICT W/DULIC	EIU: Procedure/service not reimbursed by the Plan. Not
46707	REPAIR ANORECTAL FIST W/PLUG	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		Halland Boord on the Control of College of Control
46999	46999 UNLISTED PROCEDURE ANUS	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
43887	REMOVE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review
	- · · · · · · · · · · · · · · · · · · ·	to avoid post-service review.
		to arous poor our recommendations.

47379	UNLISTED LAPS PX LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43888	CHANGE GASTRIC PORT OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
47370	LAPARO ABLATE LIVER TUMOR RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
47399	UNLISTED PROCEDURE LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
47579	UNLISTED LAPS PX BILIARY TRC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
47999	UNLISTED PX BILIARY TRACT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
48999	UNLISTED PROCEDURE PANCREAS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
49329	UNLSTD LAPS PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
49659	UNLSTD LAPS PX HRNAP HRNRPHY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
49999	UNLISTED PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
47380	OPEN ABLATE LIVER TUMOR RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
47382	PERCUT ABLATE LIVER RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
50549	UNLISTED LAPS PX RENAL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
50250	CRYOABLATE RENAL MASS OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
50360	TRANSPLANTATION OF KIDNEY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
50949	UNLISTED LAPS PX URETER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

		MP Criteria: Procedure/service reviewed against Medical		
50592	PERC RF ABLATE RENAL TUMOR	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		Unlisted: Procedure/service not specifically defined or		
51999	UNLISTED LAPS PX BLADDER	classified, maybe subject to contract/clinical review.	_	_
		classified, maybe subject to contract/cliffical review.		
		MP Criteria: Procedure/service reviewed against Medical		
50593	PERC CRYO ABLATE RENAL TUM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
51715	ENDOSCOPIC INJECTION/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
52327	CYSTOSCOPY INJECT MATERIAL	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
52441	CYSTOURETHRO W/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _		
	,	to avoid post-service review.	<del>-</del>	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
53860	TRANSURETHRAL RF TREATMENT	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		Unlisted: Procedure/service not specifically defined or		
53899	UNLISTED PX URINARY SYSTEM	classified, maybe subject to contract/clinical review.	_	_
		<u> </u>		
		MP Criteria: Procedure/service reviewed against Medical		
52442	CYSTOURETHRO W/ADDL IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		Retire effective
53855	INSERT PROST URETHRAL STENT	Policy Criteria. Submit for Recommended Clinical Review _	5/14/2024	05/14/2024
		to avoid post-service review.		03/ 14/ 2024
		MP Criteria: Procedure/service reviewed against Medical		
54125	REMOVAL OF PENIS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54200	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54205	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
54235	Penile Injection	Policy Criteria. Submit for Recommended Clinical Review _		
	. ,	to avoid post-service review.	<del>-</del>	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
54400	INSERT SEMI-RIGID PROSTHESIS	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		to avoid post service review.		

MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.  54699 UNLISTED LAPS PX TESTIS  Unlisted: Procedure/service not specifically defined or	
54699 UNLISTED LAPS PX TESTIS Unlisted: Procedure/service not specifically defined or	
154699 UNLISTED LAPS PX TESTIS	
154699 UNLISTED LAPS PX TESTIS	
classified, maybe subject to contract/ clinical review.	
Unlisted: Procedure/service not specifically defined or	
155559 UNLSTD LAPS PX SPRMATIC CORD	
classified, maybe subject to contract/clinical review.	
MP Criteria: Procedure/service reviewed against Medical	
54405 INSERT MULTI-COMP PENIS PROS Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review	
55899 UNLISTED PX MALE GENITAL SYS  Unlisted or Undefined: Procedures/services not  ———————————————————————————————————	
specifically defined or classified, maybe subject to	
contract/clinical review.	
MP Criteria: Procedure/service reviewed against Medical	
54660 REVISION OF TESTIS Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
55880 ABLTJ MAL PRST8 TISS HIFU Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
55970 SEX TRANSFORMATION M TO F Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
55980 SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
56805 REPAIR CLITORIS Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
56810 REPAIR OF PERINEUM Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
57291 CONSTRUCTION OF VAGINA Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
57292 CONSTRUCT VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
Unlisted: Procedure/service not specifically defined or	
58578 UNLISTED LAPS PX UTERUS classified, maybe subject to contract/clinical review.	

58579	UNLISTED HYSTSC PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
58679	UNLISTED LAPS PX OVIDCT OVRY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
58999	UNLISTED PX FML GENITAL SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
57335	REPAIR VAGINA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
59897	UNLISTED FETAL INVAS PX W/US	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
59898	UNLSTD LAPS PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
59899	UNLISTED PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
60659	UNLISTED LAPS PX ENDOC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
60699	UNLISTED PX ENDOCRINE SYSTEM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe 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, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
57426	REVISE PROSTH VAG GRAFT LAP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
59074	FETAL FLUID DRAINAGE W/US	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
61635	INTRACRAN ANGIOPLSTY W/STENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
62263	EPIDURAL LYSIS MULT SESSIONS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-

62264	EPIDURAL LYSIS ON SINGLE DAY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
62287	DCMPRN PX PERQ 1/MLT LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
64582	OPN MPLTJ HPGLSL NSTM ARY PG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	3/31/2024	Retire effective 03/31/2024
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
64629	TRML DSTRJ IOS BVN EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
61650	Evasc Prlng Admn Rx Agnt 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
64999	UNLISTED PX NERVOUS SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract agreement.	-	-
65760	REVISION OF CORNEA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
61651	Evasc Pring Admn Rx Agnt Add	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
64640	INJECTION TREATMENT OF NERVE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
65770	REVISE CORNEA WITH IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
65785	IMPLTJ NTRSTRML CRNL RNG SEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
66174	TRLUML DIL AQ O/F CAN W/O ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
66175	TRLUML DIL AQ O/F CAN W/ST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
66179	AQUEOUS SHUNT EYE W/O GRAFT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
66180	AQUEOUS SHUNT EYE W/GRAFT	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
66183	INSERT ANT DRAINAGE DEVICE	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		Unlisted: Procedure/service not specifically defined or		
66999	UNLISTED PX ANT SEGMENT EYE		_	_
		classified, maybe subject to contract/clinical review.		
		Unlisted: Procedure/service not specifically defined or		
67299	UNLISTED PX POSTERIOR SEGMNT	classified, maybe subject to contract/clinical review.	_	_
		classifica, major subject to contract, climical review.		
		Unlisted: Procedure/service not specifically defined or		
67399	UNLISTED PX EXTRAOCULAR MUSC	classified, maybe subject to contract/clinical review.	_	-
		, ., .,,		
		Unlisted: Procedure/service not specifically defined or		
67599	UNLISTED PROCEDURE ORBIT	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
67900	REPAIR BROW DEFECT	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
66991	XCAPSL CTRC RMVL INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
67901	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
67902	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
67903	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
67904	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		·		

67999	UNLISTED PROCEDURE EYELIDS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. – – – –
68399	UNLISTED PX CONJUNCTIVA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
67906	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
67908	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69399	UNLISTED PX EXTERNAL EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
69090	PIERCE EARLOBES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69300	REVISE EXTERNAL EAR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
69705	NPS SURG DILAT EUST TUBE UNI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
69706	NPS SURG DILAT EUST TUBE BI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69716	IMPL OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69719	RPLCM OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

69799	UNLISTED PX MIDDLE EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
69949	UNLISTED PX INNER EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
69979	UNLISTED PX TEMPORAL BONE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76496	UNLISTED FLUOROSCOPIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76497	UNLISTED CT PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76498	UNLISTED MR PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76499	UNLISTED DX RADIOGRAPHIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76999	ECHO EXAMINATION PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
77299	UNLISTED PX THER RAD TX PLNG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
77399	UNLISTED PX MED RADJ PHYSICS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
77499	UNLISTED PX THER RAD TX MGMT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
77799	UNLISTED PX CLIN BRACHYTX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
78099	UNLISTED ENDOCRINE PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
78199	UNLSTD HEMATOP RET/ENDO LYMP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78399	UNLISTED MUSCSKEL PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78499	UNLISTED CV PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78599	UNLISTED RESP PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78699	UNLISTED NRVS SYS PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78799	UNLISTED GU PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
78999	UNLISTED MISC PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
79999	RP THERAPY UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
80299	QUANTITATIVE ASSAY DRUG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
81099	UNLISTED URINALYSIS PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
81479	UNLISTED MOLECULAR PATHOLOGY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract agreement.	-	-
81599	UNLISTED MAAA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
82523	COLLAGEN CROSSLINKS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
69728	RMV NTR OI IMP SK TC>=100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 1/1/2023 to avoid post-service review.	_	-

83695	ASSAY OF LIPOPROTEIN(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83698	ASSAY LIPOPROTEIN PLA2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83701	LIPOPROTEIN BLD HR FRACTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
83704	LIPOPROTEIN BLD QUAN PART	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83722	LIPOPRTN DIR MEAS SD LDL CHL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
83937	ASSAY OF OSTEOCALCIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83987	EXHALED BREATH CONDENSATE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
84112	EVAL AMNIOTIC FLUID PROTEIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
84431	THROMBOXANE URINE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
84999	UNLISTED CHEMISTRY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
85999	UNLISTED HEMATOLOGY&COAGJ PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
86001	ALLERGEN SPECIFIC IGG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

86328	IA NFCT AB SARSCOV2 COVID19	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
86343	LEUKOCYTE HISTAMINE RELEASE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
69730	RPLC OI IMPLT SK TC ESP>=100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 1/1/2023 to avoid post-service review.
83006	Growth Stimulation Gene 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
86408	NEUTRLZG ANTB SARSCOV2 SCR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
86409	NEUTRLZG ANTB SARSCOV2 TITER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
86413	SARS-COV-2 ANTB QUANTITATIVE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
86486	SKIN TEST UNLISTED ANTIGN EA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
86769	SARS-COV-2 COVID-19 ANTIBODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
86849	IMMUNOLOGY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
86911	BLOOD TYPING ANTIGEN SYSTEM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
86999	UNLISTED TRANSFUSION MED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

86353		MP Criteria: Procedure/service reviewed against Medical
	LYMPHOCYTE TRANSFORMATION	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
86950	Leukacyte Transfusion	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
87505	NFCT AGENT DETECTION GI	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		·
87797	DETECT AGENT NOS DNA DIR	Unlisted: Procedure/service not specifically defined or
67737	DETECT AGENT NOS DIVA DIN	classified, maybe subject to contract/clinical review.
07700	DETECT A CENT NOC DAIA ANAD	Unlisted: Procedure/service not specifically defined or
87798	DETECT AGENT NOS DNA AMP	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
87799	DETECT AGENT NOS DNA QUANT	classified, maybe subject to contract/clinical review.
		classified, maybe subject to contract circum.
		Unlisted: Procedure/service not specifically defined or
87899	AGENT NOS ASSAY W/OPTIC	
		classified, maybe subject to contract/clinical review.
87999	UNLISTED MICROBIOLOGY PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the
88000	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
88005	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
88007	AUTOPSY (NECROPSY) GROSS	
		Plan. Not subject to pre-service review.
88012	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the
	, ,	Plan. Not subject to pre-service review.
88014	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the
00011	71010131 (NZCNO131) GNO33	Plan. Not subject to pre-service review.
88016	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the
00010	AUTOFST (INLENOPST) GNUSS	Plan. Not subject to pre-service review.
00000	AUTORCY (NECROPCY) COMESTE	Non Covered: Procedure/service not covered by the
88020	AUTOPSY (NECROPSY) COMPLETE	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
88025	AUTOPSY (NECROPSY) COMPLETE	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
88027	AUTOPSY (NECROPSY) COMPLETE	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
88028	AUTOPSY (NECROPSY) COMPLETE	
		Plan. Not subject to pre-service review.
88029	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the
	,	Plan. Not subject to pre-service review.

00005	LIMITED AUTORSV	Non Covered: Procedure/service not covered by the			
88036	LIMITED AUTOPSY	Plan. Not subject to pre-service review.	_	-	-
00027	LIAMITED ALITORCY	Non Covered: Procedure/service not covered by the			
88037	LIMITED AUTOPSY	Plan. Not subject to pre-service review.	-	-	_
00040	FORFAICIC ALITORCY (ALFORODOV)	Non Covered: Procedure/service not covered by the			
88040	FORENSIC AUTOPSY (NECROPSY)	Plan. Not subject to pre-service review.	-	-	_
00045	CORONIERS ALITORSY (NIECROPSY)	Non Covered: Procedure/service not covered by the			
88045	CORONERS AUTOPSY (NECROPSY)	Plan. Not subject to pre-service review.	-	-	_
		Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			
88099	UNLISTED NECROPSY (AUTOPSY)	Unlisted or Undefined: Procedures/services not	_		_
		specifically defined or classified, maybe subject to	_	_	_
		contract/clinical review.			
		Unlisted Presedure /comise not enecifically defined or			
88199	UNLISTED CYTOPATHOLOGY PX	Unlisted: Procedure/service not specifically defined or	_	_	_
		classified, maybe subject to contract/clinical review.			
		Unlisted: Procedure/service not specifically defined or			
88299	UNLISTED CYTOGENETIC STUDY		_	_	_
		classified, maybe subject to contract/clinical review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
88375	OPTICAL ENDOMICROSCPY INTERP	subject to pre-service review. Check EIU policy, which is			
66373	OF FICAL ENDOWNCROSCI FINTERI	one of our Clinical Payment and Coding Policy (CPCP).	-	_	-
		one of our chilical rayment and coding rolley (crer).			
		Unlisted: Procedure/service not specifically defined or			
88399	UNLISTED SURGICAL PATH PX	classified, maybe subject to contract/clinical review.	_	-	_
		Unlisted: Procedure/service not specifically defined or			
88749	UNLISTED IN VIVO LAB SERVICE	classified, maybe subject to contract/clinical review.	_	-	-
89240	UNLISTED MISC PATH TEST	Unlisted: Procedure/service not specifically defined or			
09240	UNLISTED WIISC PATH TEST	classified, maybe subject to contract/clinical review.	-	-	-
		Non Covered: Procedure/service not covered by the			
89258	CRYOPRESERVATION EMBRYO(S)	Plan. Not subject to pre-service review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical			
87506	IADNA-DNA/RNA PROBE TQ 6-11	Policy Criteria. Submit for Recommended Clinical Review			
07500	INDIAN DIAN MAN HODE IQU II	to avoid post-service review.	-	_	-
		MP Criteria: Procedure/service reviewed against Medical			
87507	IADNA-DNA/RNA PROBE TQ 12-25	Policy Criteria. Submit for Recommended Clinical Review			
3.307	IADINA-DINA NINA PRODE I Q 12-23	to avoid post-service review.	-	_	-
		MP Criteria: Procedure/service reviewed against Medical			
89259	CRYOPRESERVATION SPERM	Policy Criteria. Submit for Recommended Clinical Review			
03233	CATOT RESERVATION STERM	to avoid post-service review.	_	_	-
		MP Criteria: Procedure/service reviewed against Medical			
89335	CRYOPRESERVE TESTICULAR TISS	Policy Criteria. Submit for Recommended Clinical Review			
	CHIOFHESERVE TESTICULAN 1133	to avoid post-service review.	_	_	-
		to avoid post service review.			

89337		MP Criteria: Procedure/service reviewed against Medical		
	CRYOPRESERVATION OOCYTE(S)	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
89342	STORAGE/YEAR EMBRYO(S)	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
89346	STORAGE/YEAR OOCYTE(S)	Non Covered: Procedure/service not covered by the		
03310	31010102,72711 000112(3)	Plan. Not subject to pre-service review.		
		Unlisted: Procedure/service not specifically defined or		
89398	UNLISTED REPROD MED LAB PROC	classified, maybe subject to contract/clinical review.	_	_
		classifica, maybe subject to contract, clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
90378	RSV MAB IM 50MG	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		required per contract agreement.		
		Unlisted: Procedure/service not specifically defined or		
90399	UNLISTED IMMUNE GLOBULIN	classified, maybe subject to contract/clinical review.	_	_
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the		
30301	Deligue vace Quad 2 Dose subq	Plan. Not subject to pre-service review.		
90689	Vacc liv4 No Prsrv 0.25Ml Im	Non Covered: Procedure/service not covered by the		
30003	Vacc 11V4 140 1 131 V 0.231VII 1111	Plan. Not subject to pre-service review.		
		Unlisted: Procedure/service not specifically defined or		
90749	UNLISTED VACCINE/TOXOID	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
89343	STORAGE/YEAR SPERM/SEMEN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
89344	STORAGE/YEAR REPROD TISSUE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90867	TCRANIAL MAGN STIM TX PLAN	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90868	TCRANIAL MAGN STIM TX DELI	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90869	TCRAN MAGN STIM REDETEMINE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		Retire effective
90870	ELECTROCONVULSIVE THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	12/31/2023	
		to avoid post-service review.		12/31/2023
00000	HYPNOTHERAPY	Non Covered: Procedure/service not covered by the	7/21/2022	Retire effective
90880	HIPNUINERAPI	Plan. Not subject to pre-service review.	7/31/2023	07/31/2023
				,,

90885	PSY EVALUATION OF RECORDS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
90889	PREPARATION OF REPORT	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
90899	UNLISTED PSYC SVC/THERAPY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
90875	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
90876	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
90901	BIOFEEDBACK TRAIN ANY METH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
90999	UNLISTED DIALYSIS PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
90912	BFB TRAINING 1ST 15 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
90913	BFB TRAINING EA ADDL 15 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
91034	Gastroesophageal Reflux Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
91035	G-Esoph Reflx Tst W/Electrod	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
91065	BREATH HYDROGEN/METHANE TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
91037	Esoph Imped Function Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
91111	GI TRC IMG INTRAL ESOPHAGUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
91112	GI WIRELESS CAPSULE MEASURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

91113	GI TRC IMG INTRAL COLON I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
91038	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
91132	ELECTROGASTROGRAPHY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
91133	ELECTROGASTROGRAPHY W/TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
91299	UNLISTED DX GI PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — —
92015	Determine Refractive State	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92065	ORTHOP TRAING PFRMD PHYS/QHP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92132	CMPTR OPHTH DX IMG ANT SEGMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
92145	CORNEAL HYSTERESIS DETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92341	Fit Spectacles Bifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92370	Repair & Adjust Spectacles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
92499	UNLISTED OPH SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe 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, which is one of our Clinical Payment and Coding Policy (CPCP).	-
92517	VEMP TEST I&R CERVICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
92518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
92519	VEMP TST I&R CERVICAL&OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
91110	GI TRC IMG INTRAL ESOPH-ILE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-
92548	CDP-SOT 6 COND W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
92549	CDP-SOT 6 COND W/I&R MCT&ADT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
91117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-
92700	UNLISTED ORL SERVICE/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-
93050	ART PRESSURE WAVEFORM ANALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
92546	Sinusoidal Rotational Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-
92640	Aud Brainstem Implt Programg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-
93228	REMOTE 30 DAY ECG REV/REPORT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-

93702	BIS XTRACELL FLUID ANALYSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
93740	TEMPERATURE GRADIENT STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
93229	REMOTE 30 DAY ECG TECH SUPP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93660	TILT TABLE EVALUATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93799	UNLISTED CV SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
93998	UNLISTD NONINVAS VASC DX STD	Unlisted: Procedure/service not specifically defined or classified, maybe 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, which is one of our Clinical Payment and Coding Policy (CPCP).
94015	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
94016	REVIEW PATIENT SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
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	UNLISTED PULMONARY SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe 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, which is one of our Clinical Payment and Coding Policy (CPCP).
95065	NOSE ALLERGY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

95199	UNLISTED ALL/IMMLG SVC/PX	Unlisted: Procedure/service not specifically defined or
95199	ONLISTED ALL/IIVIIVILG SVC/PX	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
93797	Cardiac Rehab	Policy Criteria. Submit for Recommended Clinical Review
	car and the near	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
93798	Cardiac Rehab/Monitor	Policy Criteria. Submit for Recommended Clinical Review
33730	carata nemas, momes	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95700	Eeg Cont Rec W/Vid Eeg Tech	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95705	Eeg W/O Vid 2-12 Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
	-0 /	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95707	Eeg W/O Vid 2-12Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
	C	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95709	Eeg W/O Vid Ea 12-26Hr Intmt	Policy Criteria. Submit for Recommended Clinical Review _
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95710	Eeg W/O Vid Ea 12-26Hr Cont	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95711	Veeg 2-12 Hr Unmonitored	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95712	Veeg 2-12 Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95713	Veeg 2-12 Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95714	Veeg Ea 12-26 Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95715	Veeg Ea 12-26Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95716	Veeg Ea 12-26Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

		MP Criteria: Procedure/service reviewed against Medical		
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
95719	Eeg Phys/Qhp Ea Incr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
95720	Eeg Phy/Qhp Ea Incr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review _		
	The state of the s	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
95725	Eeg Phy/Qhp>84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review _		
	o napa na	to avoid post-service review.	_	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
95905	MOTOR &/ SENS NRVE CNDJ TEST	subject to pre-service review. Check EIU policy, which is	-	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		Ellis Dancadoura (sourcina naturalistis con il la cita di Disco Nota		
05010	OLIANI DUDI MEDV DUV JOUR UNI JOU	EIU: Procedure/service not reimbursed by the Plan. Not		
95919	QUAN PUPLMTRY PHY/QHP UNI/BI	subject to pre-service review. Check EIU policy, which is 1/1/2023	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
95726	Eeg Phy/Qhp>84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	
		MP Criteria: Procedure/service reviewed against Medical		
95803	ACTIGRAPHY TESTING	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
95954	Eeg Monitoring/Giving Drugs	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
95957	Eeg Digital Analysis	Policy Criteria. Submit for Recommended Clinical Review _		
	200 2.0	to avoid post-service review.	_	_
		to avoia post-service review.		

		MP Criteria: Procedure/service reviewed against Medical	
95965	MEG SPONTANEOUS	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		Unlisted: Procedure/service not specifically defined or	
95999	UNLISTED NEUROLOGICAL DX PX		
		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
95966	MEG EVOKED SINGLE	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
95967	MEG EVOKED EACH ADDL	Policy Criteria. Submit for Recommended Clinical Review	
33307	WES EVOKED EXCHANDE	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96000	MOTION ANALYSIS VIDEO/3D	Policy Criteria. Submit for Recommended Clinical Review	
30000	MOTION ANALISIS VIDEO/3D		
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
0.0004	NACTION TEST WAST PRESS NACAS		
96001	MOTION TEST W/FT PRESS MEAS	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96002	DYNAMIC SURFACE EMG	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		Unlisted: Procedure/service not specifically defined or	
96379	UNL THER/PROP/DIAG INJ/INF	classified, maybe subject to contract/clinical review.	
		ciassinea, mayoe subject to contract aimed review.	
		Unlisted: Procedure/service not specifically defined or	
96549	UNLISTED CHEMOTHERAPY PX	classified, maybe subject to contract/clinical review.	
		ciassified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
96003	DYNAMIC FINE WIRE EMG	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96004	PHYS REVIEW OF MOTION TESTS	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96912	PHOTOCHEMOTHERAPY WITH UV-A	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96913	PHOTOCHEMOTHERAPY UV-A OR B	Policy Criteria. Submit for Recommended Clinical Review	
33313	THO TO CHEMOTHERAL TOV-A ON D	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
06022	Lacor Ty Chin > EOO Co Coo		
96922	Laser Tx Skin >500 Sq Cm	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
05024	Day Calaba hard I to Ch	MP Criteria: Procedure/service reviewed against Medical	
96931	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
96932	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	

96933	Rcm Celuir Subceluir Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96934	Rcm Celuir Subceluir Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96999	UNLISTED SPEC DERM SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
97039	UNLISTED MODALITY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
97139	UNLISTED THERAPEUTIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
97169	Athletic Trn Eval Low Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
97170	Athletic Trn Eval Mod Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
97171	Athletic Trn Eval High Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
96935	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96936	Rcm Celuir Subceluir Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
97610	LOW FREQUENCY NON-THERMAL US	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99024	Postop Follow-Up Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99026	IN-HOSPITAL ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99027	OUT-OF-HOSP ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
99050	MEDICAL SERVICES AFTER HRS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

99056	MED SERVICE OUT OF OFFICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99058	OFFICE EMERGENCY CARE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99070	SPECIAL SUPPLIES PHYS/QHP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99071	PATIENT EDUCATION MATERIALS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99075	MEDICAL TESTIMONY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not
99078	GROUP HEALTH EDUCATION	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99080	SPECIAL REPORTS OR FORMS	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not  specifically defined or classified, maybe subject to  contract/clinical review.
99082	UNUSUAL PHYSICIAN TRAVEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99199	UNLISTED SPECIAL SVC PX/RPRT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99360	PHYSICIAN STANDBY SERVICES	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99429	UNLISTED PREVENTIVE SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99450	BASIC LIFE DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.

99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
99453	Rem Mntr Physiol Param Setup	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
99454	Rem Mntr Physiol Param Dev	·	_	_
		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 review.		
99456	DISABILITY EXAMINATION	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
99457	Rem Physiol Mntr 1St 20 Min	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
99491	Chrnc Care Mgmt Svc 30 Min	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		<u>-</u>
22.422	UNIVERSE 50 A 4 655; "CT	Unlisted: Procedure/service not specifically defined or		
99499	UNLISTED E&M SERVICE	classified, maybe subject to contract/clinical review.	-	_
		, , ,,		
		Unlisted: Procedure/service not specifically defined or		
99600	UNLISTED HOME VISIT SVC/PX	classified, maybe subject to contract/clinical review.	-	_
		, , ,,		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0052U	LPOPRTN BLD W/5 MAJ CLASSES	subject to pre-service review. Check EIU policy, which is _		
	ELOT WITH DED WYS WIND CENSSES	one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>
		EIU: Procedure/service not reimbursed by the Plan. Not		
0054T	BONE SRGRY CMPTR FLUOR IMAGE	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	<del>-</del>
		EIU: Procedure/service not reimbursed by the Plan. Not		
0055T	BONE SRGRY CMPTR CT/MRI IMAG	subject to pre-service review. Check EIU policy, which is _		
	,	one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>
		, , , , , , , , , , , , , , , , , , , ,		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0062U	AI SLE IGG&IGM ALYS 80 BMRK	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>
		, , , , , , ,		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0063U	NEURO AUTISM 32 AMINES ALG	subject to pre-service review. Check EIU policy, which is _		<u>_</u>
		one of our Clinical Payment and Coding Policy (CPCP).		_
		· · · · · · · · · · · · · · · · · · ·		
07522	Canananilatanantian	MP Criteria: Procedure/service reviewed against Medical		
97533	Sensory Integration	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
07527	Comment (Mark C. )	MP Criteria: Procedure/service reviewed against Medical		
97537	Community/Work Reintegration	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
0086U	Nfct Ds Bact&Fng Org Id 6+	Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
0091U	Onc Circt Scr Whi Bld Alg		_
		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.	
0095U	Inflm Ee Elisa Alys Alg	Non Covered: Procedure/service not covered by the	
	, 0	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 review.	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
0100T	PROSTH RETINA RECEIVE&GEN	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	-
		22 3. dai. daidai djdai.d ddaig. dai.dj (di di ji	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0101T	ESW MUSCSKEL SYS NOS	subject to pre-service review. Check EIU policy, which is	
	25.75555225751105	one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our chilicuit dyfficite and country to to J.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0102T	ESW PHY ANES LAT HMRL EPCNDL	subject to pre-service review. Check EIU policy, which is	
	LOW FITE AINLO LAT FIVERE EPCINDE	one of our Clinical Payment and Coding Policy (CPCP).	_
		Non Covered: Procedure/service not covered by the	
0105U	Neph Ckd Mult Eclia Tum Nec	Plan. Not subject to pre-service review.	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
0106T	TOUCH QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is	_
		one of our Clinical Payment and Coding Policy (CPCP).	
		FILL Dragadura (consists not reignburged by the Dlan Not	
010611	CCTD ENADTO 7 TIMES SOTULOSES	EIU: Procedure/service not reimbursed by the Plan. Not	
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0107T	VIBRATE QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is	
010/1	VIDIMIL QUANT SENSONT TEST		-
		one of our Clinical Payment and Coding Policy (CPCP).	
0107U	C Diff Tox Ag Detcj la Stool	Non Covered: Procedure/service not covered by the	
010/0	C Dill Tox Ag Detcj la 3tool	Plan. Not subject to pre-service review.	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
0108T	COOL QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is	
01001	COOL QUART SERSORT TEST	one of our Clinical Payment and Coding Policy (CPCP).	_
		one of our chilical rayinetic and county rolley (CPCP).	

0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0109Т	HEAT QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0109U	Id Aspergillus Dna 4 Species	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0110T	NOS QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0112U	ladi 16S&18S Rrna Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
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.	
0119U	Crd Ceramides Liq Chrom Plsm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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.	
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 review.	
0142U	Nfct Ds Bact&Fng Gram Neg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0198Т	OCULAR BLOOD FLOW MEASURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0202Т	POST VERT ARTHRPLST 1 LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	

0207T	CLEAR EYELID GLAND W/HEAT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0219T	PLMT POST FACET IMPLT CERV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0220T	PLMT POST FACET IMPLT THOR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0221T	PLMT POST FACET IMPLT LUMB	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0222T	PLMT POST FACET IMPLT ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0224U	ANTIBODY SARS-COV-2 TITER(S)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
0226U	SVNT SARSCOV2 ELISA PLSM SRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
0232T	NJX PLATELET PLASMA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0075T	PERQ STENT/CHEST VERT ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
0263Т	IM B1 MRW CEL THER CMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0264T	IM B1 MRW CEL THER XCL HRVST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0265T	IM B1 MRW CEL THER HRVST ONL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

		MP Criteria: Procedure/service reviewed against Medical		
0076T	S&I STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0253T	INSERT AQUEOUS DRAIN DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0267T	IMPLT/RPL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review _		
	,	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0268T	IMPLT/RPL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review _		
02001	IVII EI/IVI E GIVID SINS DEV GEN	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0269T	REV/REMVL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review _		
02091	REV/REIVIVE CRID 3N3 DEV TOTAL	_	_	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
02707	DELVIDERALLI COTO CAIC DELVIEAD	·		
0270T	REV/REMVL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0271T	REV/REMVL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0274T	PERQ LAMOT/LAM CRV/THRC	subject to pre-service review. Check EIU policy, which is		
027		one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>
		one of our chinear ayment and county to loy (or or ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0275T	PERQ LAMOT/LAM LUMBAR	subject to pre-service review. Check EIU policy, which is		
02731	TENQ E WIO I/E WI EOWE IN	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our chimical rayment and country to they (of or j.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0278T	TEMPR	subject to pre-service review. Check EIU policy, which is		
02/01	ILIVIEN		-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Drocodura/consists not reimbureed by the Dian Nat		
02207	TEAD FILMAINAC LINU/DUNA/10 D	EIU: Procedure/service not reimbursed by the Plan. Not		
0330T	TEAR FILM IMG UNI/BI W/I&R	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
0272T	INTERROGATE CRTD SNS DEV	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0335T	INSJ SINUS TARSI IMPLANT	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		

0338T	TRNSCTH RENAL SYMP DENRV UNL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0339Т	TRNSCTH RENAL SYMP DENRV BIL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0273Т	INTERROGATE CRTD SNS W/PGRMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
0347T	INS BONE DEVICE FOR RSA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0348T	RSA SPINE EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0349Т	RSA UPPER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0350T	RSA LOWER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0331T	HEART SYMP IMAGE PLNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
0345T	TRANSCATH MTRAL VLVE REPAIR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
0358T	BIA WHOLE BODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0378T	VISUAL FIELD ASSMNT REV/RPRT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0379Т	VIS FIELD ASSMNT TECH SUPPT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

0397Т	ERCP W/OPTICAL ENDOMICROSCPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0352T	OCT BRST/NODE I&R PER SPEC	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0424T	INSJ/RPLC NSTIM APNEA COMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0425T	INSJ/RPLC NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0426T	INSJ/RPLC NSTIM APNEA STM LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0427T	INSJ/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0428T	RMVL NSTIM APNEA PLS GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0429Т	RMVL NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0430T	RMVL NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0431T	RMVL/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0432T	REPOS NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0433T	REPOS NSTIM APNEA SENSING LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
		<u> </u>		

0434T	INTERRO EVAL NPGS APNEA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0435T	PRGRMG EVAL NPGS APNEA 1 SES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0436T	PRGRMG EVAL NPGS APNEA STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0354T	OCT BREAST SURG CAVITY I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0398Т	MRGFUS STRTCTC LES ABLTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0464T	VISUAL EP TEST FOR GLAUCOMA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0449Т	INSJ AQUEOUS DRAIN DEV 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0472Т	PRGRMG IO RTA ELTRD RA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0473T	REPRGRMG IO RTA ELTRD RA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0450T	INSJ AQUEOUS DRAIN DEV EACH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0465T	SUPCHRDL NJX RX W/O SUPPLY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
0474T	INSJ AQUEOUS DRG DEV IO RSVR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0479T	FXJL ABL LSR 1ST 100 SQ CM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	-

0480T	FXJL ABL LSR EA ADDL 100SQCM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0485T	OCT MID EAR I&R UNILATERAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0486T	OCT MID EAR I&R BILATERAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0499Т	CYSTO F/URTL STRIX/STENOSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0507Т	NEAR IFR 2IMG MIBMN GLND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
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, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0509Т	PATTERN ERG W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0511T	RMVL&RINSJ SINUS TARSI IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0512T	ESW INTEG WND HLG 1ST WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0513T	ESW INTEG WND HLG EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0483T	TMVI PERCUTANEOUS APPROACH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
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, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023

0534T	CONT REC MVMT DO SETUP&TRAIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0535T	CONT REC MVMT DO REPRT CNFIG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0536T	CONT REC MVMT DO DL W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0484T	TMVI TRANSTHORACIC EXPOSURE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0563T	EVAC MEIBOMIAN GLND HEAT BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0565T	AUTOL CELL IMPLT ADPS HRVG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0566T	AUTOL CELL IMPLT ADPS NJX	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0524T	EV CATH DIR CHEM ABLTJ W/IMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0537T	BLD DRV T LYMPHCYT CAR-T CLL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	6/15/2023 _	-
0538T	BLD DRV T LYMPHCYT PREP TRNS	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	6/15/2023 _	-
0539T	RECEIPT&PREP CAR-T CLL ADMN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	6/15/2023 _	-
0602T	TRANSDERMAL GFR MEASUREMENTS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0603T	TRANSDERMAL GFR MONITORING	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-

0615T	EYE MVMT ALYS W/O CALBRJ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0621T	TRABECULOSTOMY INTERNO LASER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0622T	TRABECULOSTOMY INT LSR W/SCP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0623T	AUTO QUANTIFICATION C PLAQUE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0624T	AUTO QUAN C PLAQ DATA PREP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0625T	AUTO QUAN C PLAQ CPTR ALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0626T	AUTO QUAN C PLAQ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0628T	PERQ NJX ALGC FLUOR LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
0629T	PERQ NJX ALGC CT LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

0630T	PERQ NJX ALGC CT LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0631T	TC VIS LIT HYPERSPECTRAL IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0540T	CAR-T CLL ADMN AUTOLOGOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 6/15/2023	<u>_</u>	-
0639Т	WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0640T	NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0641T	NCNTC NR IFR SPCTRSC WND IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0642T	NCNTC NR IFR SPCTRSC WND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0544T	TCAT MV ANNULUS RCNSTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0588T	REVISION/REMOVAL ISDNS PTN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0589Т	ELEC ALYS SMPL PRGRMG IINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0651T	MAG CTRLD CAPSULE ENDOSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0656T	VRT BDY TETHERING ANT <7 SEG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
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0657T	VRT BDY TETHERING ANT 8+ SEG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0590Т	ELEC ALYS CPLX PRGRMG IINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
0664T	DON HYSTERECTOMY OPEN CDVR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0665T	DON HYSTERECTOMY OPEN LIV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0666Т	DON HYSTERECTOMY LAPS LIV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0667Т	DON HYSTERECTOMY RCP UTER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0668T	BKBENCH PREP DON UTER ALGRFT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0669Т	BKBENCH RCNSTJ DON UTER VEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0670Т	BKBENCH RCNSTJ DON UTER ARTL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0672T	NDOVAG CRYG RF REMDL TISS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0743T	B1 STR & FX RSK VRT FX ASSMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
0744T	INSJ BIOPROSTC VLV FEM VN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	

0632T	PERQ TCAT US ABLTJ NRV P-ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.	-	-
0643T	TCAT L VENTR RSTRJ DEV IMPLT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0748T	NJX STM CL PRDCT ANL SFT TIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0650T	PRGRMG DEV EVAL SCRMS REMOTE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0766Т	Tc Mag Stimj Pn 1St Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0745T	CAR ABLT RAD ARR N-INVAS LOC	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0767Т	Tc Mag Stimj Pn 1St Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0746Т	CAR ABLT RAD ARR CNV LOC MAP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0768Т	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0747T	CAR ABLT RAD ARRHYT DLVR RAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0769Т	Tc Mag Stimj Pn Sbsq Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023

0770Т	VR TECHNOLOGY ASSIST THERAPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0764Т	ASSTV ALG ECG RSK ASMT CNCRT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0771Т	VR PX DISSOC SVC SM PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0765T	ASSTV ALG ECG RSK ASMT PREV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0772Т	VR PX DISSOC SVC SM PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0773T	VR PX DISSOC SVC OTH PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0774T	VR PX DISSOC SVC OTH PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0775T	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0776Т	THER INDCTJ NTRABRN HYPTHRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0777Т	R-T PRS SENSING EDRL GDN SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0778Т	SMMG CNCRNT APPL IMU SNR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	_	-
0779Т	GI MYOELECTRICAL ACTV STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-

0781T	BRNCHSC RF DSTRJ PULM NRV BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0782Т	BRNCHSC RF DSTRJ PLM NRV UNI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0783Т	TC AURICULR NEUROSTIMULATION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0776Т	THER INDCTJ NTRABRN HYPTHRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	8/31/2023	-
0793Т	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0795T	TCAT INS 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0796T	TCAT INS 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0797Т	TCAT INS 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0798T	TCAT RMV 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0799Т	TCAT RMVL 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	_	-
0800Т	TCAT RMVL 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	_	-
0807T	PULM TISS VNTJ ALYS PREV CT	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-

ООООТ	DUI MA TICC VAITI ALVC VALCT	FILL Decoding (service as beginning and heath of Plan Net 7/4/2022
0808T	PULM TISS VNTJ ALYS W/CT	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023
		subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
0801T	TCAT RMV&RPL 2CHMBR LDLS PM	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		Non Covered: Procedure/service not covered by the
213AA	Proc/Treat/Equip/Ins/Non-Covered	Plan. Not subject to pre-service review.
24224	0700 11 0 1	Non Covered: Procedure/service not covered by the
213BA	OTC Drugs Non-Covered	Plan. Not subject to pre-service review.
24224	VII. 10 10 11 0 1	Non Covered: Procedure/service not covered by the
213CA	Vision/Hear/Dental Non-Covered	Plan. Not subject to pre-service review.
24254	4 :: B: 11 1/4: A: 0	Non Covered: Procedure/service not covered by the
213EA	Assit Disabled/Misc Non-Covered	Plan. Not subject to pre-service review.
24254	Care Fra Comman Nata Command	Non Covered: Procedure/service not covered by the
213FA	Corr Eye Surgery Non-Covered	Plan. Not subject to pre-service review.
21264	Drawings Nan Canada	Non Covered: Procedure/service not covered by the
213GA	Premiums Non- Covered	Plan. Not subject to pre-service review.
242114	Canada Nan Carrand	Non Covered: Procedure/service not covered by the
213HA	Copays Non-Covered	Plan. Not subject to pre-service review.
24214	Limited Durness LICA New Covered	Non Covered: Procedure/service not covered by the
213JA	Limited Purpose HCA Non- Covered	Plan. Not subject to pre-service review.
213KA	Preventative Care Non-Covered	Non Covered: Procedure/service not covered by the
213KA	Preventative care Non-Covered	Plan. Not subject to pre-service review.
2121 A	Lang Torm Care Non Covered	Non Covered: Procedure/service not covered by the
213LA	Long Term Care Non-Covered	Plan. Not subject to pre-service review.
9701A	NON-PRESCRIPTION DRUGS	Non Covered: Procedure/service not covered by the
9701A	NON-PRESCRIPTION DRUGS	Plan. Not subject to pre-service review.
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0804T	PRGRMG EVL LDLS PM 2CHMBR IP	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0806T	TCAT S&IVC PRSTC VL IMPL OPN	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0810T	SUBRTA NJX RX AGT W/VTRC	MP Criteria: Procedure/service reviewed against Medical 7/1/2023
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

A0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A2001	Innovamatrix ac per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2002	Mirragen adv wnd mat per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2004	Xcellistem 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2005	Microlyte matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2007	Restrata per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2011	Supra sdrm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0431	Rotary wing air transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0435	Fixed Wing Air Mileage Per Statute Mile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2018	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0436	Rotary wing air mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2019	Kerecis marigen shld sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0888	Noncovered ambulance mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

A2020	Ac5 wound system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	-
A2021	Neomatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	-
A4100	Skin sub fda clrd as dev nos	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	-
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	-
A4458	Reusable enema bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
A4553	Non-Disposable Underpads All Sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
A4554	Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
A4575	Hyperbaric o2 chamber disps	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4596	Ces system monthly supp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	-
A4639	Infrared ht sys replcmnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4890	Repair/maint cont hemo equip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-

Adegrate whether the contract/clinical review.  Adegrate whether the contract/clinical review.  Adegrate whether the contract contract by the plan. Not subject to pre-service review.  Adegrate Reusable or all thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Reusable rectal thermometer plan. Not subject to pre-service review.  Adegrate Reusable rectal thermometer Reusable Reus				
AP027 Non-sterile gloves Plan. Not subject to pre-service review.  AP028 Reusable or all hermometer Plan. Not subject to pre-service review.  AP029 Reusable rectal thermometer Plan. Not subject to pre-service review.  AP020 Reusable rectal thermometer Plan. Not subject to pre-service review.  AP020 Reusable rectal thermometer Plan. Not subject to pre-service review.  AP020 Not difficultion diabetic shoe  Blan. Not subject to pre-service review.  AP020 Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP020 Wound filler get/paste /az  Blan. Not subject to pre-service review.  AP020 Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP020 Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP020 Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP021 Compress burn garment noc  Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP021 Compress burn garment noc  Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP021 Epap nissel valve  Blan. Not subject to pre-service not specifically defined or classified, maybe subject to contract/clinical review.  AP021 Epap nissel valve  Blan. Not subject to pre-service not specifically defined or classified, maybe subject to contract/clinical review.  AP022 Unlisted Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  AP023 Vision Plan. Not subject to pre-service not specifically defined or classified, maybe subject to contract/clinical review.  AP024 Epap nissel valve  Blan. Not subject to pre-service review.  AP025 Vision Plan. Not subject to pre-service review.  AP026 Vision Plan. Not subject to pre-service review.  AP0270 Non-sovered items pre-service  AP0270 Non-sovered	A4913	Misc dialysis supplies noc		
A4931 Reusable rall thermometer				
Applian. Not subject to pre-service review.  Applian. Not subject	A4927	Non-sterile gloves	·	
Addition of the form of the fo				
A932 Reusable rectal thermometer Non Covered Procedure/service not covered by the Plan. Not subject to pre-service review. Check Ell policy, which is not official review.  A5507 Modification diabetic shoe Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6000 Wound warming wound cover Subject to pre-service review. Check Ell policy, which is not of our Clinical Procedure/service not repetible ly defined or classified. Procedure/service not specifically defined or classified. Procedure/service not specifically defined or classified maybe subject to contract/clinical review.  A6262 Wound filler dry form / gram Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6512 Compres burn garment noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6549 Goorgression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7050 Misc/epre non-prescript dru Discherit Contract Clinical review.  A7060 Misc/epre non-prescript dru Procedure/service not reinsubused by the Plan. Not subject to pre-service review.  A7060 Not Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A7060 Not covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A7060 Not Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A7060 Non Covered: Procedure/services not covered by the Plan. Not subject to pre-service review.  A7060 Unlisted or Undefined: Procedure/services not covered by the Plan. Not subject to pre-service review.  A7060 Non Covered: Procedure/services not covered by the Plan. Not subject to pre-service review.  A7070 Non-covered in the Covered Procedure/servi	A4931	Reusable oral thermometer	·	
Neurable rectal therimmenter Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —				
ASSO7 Modification diabetic shoe  Unisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  EIU- Procedure/service not specifically defined or subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (PCP).  A6261 Wound filler gel/paste /oz  Unisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6262 Wound filler dry form / gram  Unisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6512 Compres burn garment noc  Unisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6549 G compression stocking  Unisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve  EIU- Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve  EIU- Procedure/service not reimbursed by the Plan. Not subject to protract/clinical review.  A7049 Misc/exper non-prescript dru  A7040 Misc/exper non-prescript dru  A7040 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EIU policy, which is a plan of the plan. Not subject to pre-service review.  A7040 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A7041 Vital defined procedure/service not covered by the Plan. Not subject to pre-service review.  A7041 Vital defined procedure/service not covered by the Plan. Not subject to pre-service review.  A7042 Vital defined procedure/service not covered by the Plan. Not subject to pre-service review.  A7043 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A7044 Vital defined procedure/service not covered by the Plan. Not subject to pre-service review.  A7045 Non-covered: Procedure/service not covered by the Plan. Not subj	A4932	Reusable rectal thermometer	·	
A6000 Wound warming wound cover Sell-U Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is			Plan. Not subject to pre-service review.	
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A6261 Wound filler gel/paste /oz Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review			EIU: Procedure/service not reimbursed by the Plan. Not	
A6261 Wound filler gel/paste /oz Classified, maybe subject to contract/clinical review	A6000	Wound warming wound cover	subject to pre-service review. Check EIU policy, which is	
A6262 Wound filler dry form / gram Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6512 Compres burn garment noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6512 Compression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6549 G compression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023			one of our Clinical Payment and Coding Policy (CPCP).	
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A6512 Compres burn garment noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6512 Compres burn garment noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A6549 G compression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve Elu: Procedure/service not reimbursed by the Plan. Not subject to gre-service review. Check Elu policy, which is 9/1/2023			Unlisted: Procedure/service not specifically defined or	
A6519 G compression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is 9/1/2023	A6262	Wound filler dry form / gram		
A6519 G compression stocking Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A7049 Epap nasal valve EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is 9/1/2023			Unlisted: Procedure/service not specifically defined or	
A7049 Epap nasal valve Epap nasal valve Subject to pre-service review. Check EIU policy, which is subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  A9150 Misc/exper non-prescript dru Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9152 Single vitamin nos Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to specifically defined or undefined: Procedure/services not specifically defined or undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9270 Non-covered item or service  Non Covered: Procedure/service not covered by the Plan. Not subject to contract/clinical 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.	A6512	Compres burn garment noc		
A7049 Epap nasal valve Epap nasal valve Subject to pre-service review. Check EIU policy, which is subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  A9150 Misc/exper non-prescript dru Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9152 Single vitamin nos Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to specifically defined or undefined: Procedure/services not specifically defined or undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9270 Non-covered item or service  Non Covered: Procedure/service not covered by the Plan. Not subject to contract/clinical 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.			Halistad, Durandous Januina ant annifically defined as	
EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023	A6549	G compression stocking		
A7049 Epap nasal valve subject to pre-service review. Check EIU policy, which is 9/1/2023			classified, maybe subject to contract/cliffical review.	
A9150 Misc/exper non-prescript dru  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9152 Single vitamin nos  Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Multi-vitamin nos  Unlisted or Undefined: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9153 Multi-vitamin nos  Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9270 Non-covered item or service  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. A9270 Non-covered item or service  Non Covered: Procedure/service not covered by the Plan. Not subject to contract/clinical review.  Non Covered: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the			EIU: Procedure/service not reimbursed by the Plan. Not	
A9150 Misc/exper non-prescript dru Plan. Not subject to pre-service review.	A7049	Epap nasal valve	subject to pre-service review. Check EIU policy, which is 9/1/2023	
A9150 Misc/exper non-prescript dru  Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9152 Single vitamin nos  Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9153 Multi-vitamin nos  Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.  A9270 Non-covered item or service  Non Covered: Procedure/service not covered by the Non Covered: Procedures/services not contract/clinical review.  Non Covered: Procedure/service not covered by the			one of our Clinical Payment and Coding Policy (CPCP).	
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9152 Single vitamin nos Unlisted or Undefined: Procedures/services not	40450	A.C I	Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not	A9150	iviisc/exper non-prescript dru	Plan. Not subject to pre-service review.	
A9152 Single vitamin nos Unlisted or Undefined: Procedures/services not			Non Covered: Procedure/service not covered by the	
specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the			Plan. Not subject to pre-service review.	
Contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedures/services not	A9152	Single vitamin nos	Unlisted or Undefined: Procedures/services not	
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedures/services not			specifically defined or classified, maybe subject to	
Plan. Not subject to pre-service review.  A9153 Multi-vitamin nos Unlisted or Undefined: Procedures/services not				
A9153 Multi-vitamin nos Unlisted or Undefined: Procedures/services not				
specifically defined or classified, maybe subject to  contract/clinical review.  Non-covered item or service  Non Covered: Procedure/service not covered by the			Plan. Not subject to pre-service review.	
A9270 Non-covered item or service Contract/clinical review.  Non-covered item or service  Non Covered: Procedure/service not covered by the	A9153	Multi-vitamin nos		
Non Covered: Procedure/service not covered by the  A9270 Non-covered item or service				
A927U NON-covered Item or service				
Plan. Not subject to pre-service review.	A9270	Non-covered item or service		
			Plan. Not subject to pre-service review.	

A9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review. — — — — — — — — — — Unlisted: Procedure/service not specifically defined or
A9279	Monitoring feature/deviceNOC	classified, maybe subject to contract/clinical review. — — — — — —
		Unlisted: Procedure/service not specifically defined or
A9280	Alert device noc	classified, maybe subject to contract/clinical review.
A9282	Wig any type	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review. — — — — — — — — — — EIU: Procedure/service not reimbursed by the Plan. Not
A9285	Inversion eversion cor devic	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
A9291	Pres dig cog behav thera fda	subject to pre-service review. Check EIU policy, which is
		Non Covered: Procedure/service not covered by the
A9300	Exercise equipment	Plan. Not subject to pre-service review.
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or
A3373	Gad-base Win Contrast NOS 11111	classified, maybe subject to contract/clinical review.
A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or
A3337	Tet ux for taillor in floc	classified, maybe subject to contract/clinical review.
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or
A3330	Tet dx for non-turnor tu-noc	classified, maybe subject to contract/clinical review.
A9698	Non-rad contrast materialNOC	Unlisted: Procedure/service not specifically defined or
A3030	Non rad contrast materialisoe	classified, maybe subject to contract/clinical review.
A9699	Radiopharm rx agent noc	Unlisted: Procedure/service not specifically defined or
A3033	Radiophanii ix agent noc	classified, maybe subject to contract/clinical review.
A9900	Supply/accessory/service	Unlisted: Procedure/service not specifically defined or
	55pp, 17 46665561	classified, maybe subject to contract/clinical review.
A9999	DME supply or accessory nos	Unlisted: Procedure/service not specifically defined or
	22 33567, 51 46663361, 1103	classified, maybe subject to contract/clinical review.
B9998	Enteral supp not otherwise c	Unlisted: Procedure/service not specifically defined or
	2.1.C. di Supp not Giller Wise C	classified, maybe subject to contract/clinical review.
B9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or
2333	. S. S. C. C. S. Supp Hot Guil WS C	classified, maybe subject to contract/clinical review.

C1052	Hemostatic agent gi topic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
A4555	Ca tx e-stim electr/transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
A4600	Sleeve inter limb comp dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
C1823	Gen neuro trans sen/stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
C1761	Cath trans intra litho/coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
C1827	Gen Neuro Imp Led Ex Cntr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
C1764	Event recorder cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
C1776	Joint device (implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
C1889	Implant/insert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
C1783	Ocular imp aqueous drain de	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
C2698	Brachytx stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
C2699	Brachytx non-stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
C1818	Integrated keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
C1825	Gen neuro carot sinus baro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

C1926	Con nouro de loon reche	MP Criteria: Procedure/service reviewed against Medical		
C1826	Gen neuro clo loop rechg	Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
C1833	Cardiac monitor sys	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
C2624	Wireless pressure sensor	Policy Criteria. Submit for Recommended Clinical Review	_	_
	·	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
C5271	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
C5272	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
00057		Policy Criteria. Submit for Recommended Clinical Review		
C9257	Bevacizumab injection	to avoid post-service review. Prior Authorization may be -	_	_
		required per contract agreement.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9354	Veritas collagen matrix cm2	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9356	TenoGlide tendon prot cm2	subject to pre-service review. Check EIU policy, which is		
C9550	renoditae tendon prot cinz	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		one of our chinical payment and coding policy (CPCP).		
	Dermal substitute native non-denatured collagen fetal	EIU: Procedure/service not reimbursed by the Plan. Not		
C9358	bovine origin (SurgiMend Collagen Matrix) per 0.5 square	subject to pre-service review. Check EIU policy, which is _		
	centimeters	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		, , , , , , , , , , , , , , , , , , , ,		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9360	SurgiMend neonatal	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9363	Integra Meshed Bil Wound Mat	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Dreadure (coming not raimburged by the Dian Not		
C0264	Darsing implant Darmagal	EIU: Procedure/service not reimbursed by the Plan. Not		
C9364	Porcine implant Permacol	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		

C9399	unclassified drugs or biologicals	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract  agreement.	-	-
C5273	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5274	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C9757	Spine/lumbar disk surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C5275	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5276	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5277	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5278	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C9771	NsI/sins cryo post nasal tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
C9772	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-

C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
C9777	Esophag muc integ w/eso egd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
C9898	Inpnt stay radiolabeled item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
C9899	Inpt implant pros dev no cov	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D0999	unspecified diagnostic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-	
D1706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose 2		-	-	-	
D1999	unspecified preventive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D2999	unspecified restorative procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D3410	apicoectomy - anterior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	_	

Unlisted: Procedure/service not specifically defined or dasaffed, maybe subject to contract/clinical review							
unspecified the prosthodonic procedure by report classified, maybe subject to contract/clinical review.    Portion extraction erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of Plan. Not subject to pre-service not covered by the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of covered by the plan. Not subject to pre-service review.    Portion of covered by the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to contract/clinical review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to contract/clinical review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan. Not subject to pre-service review.    Portion of the plan of the plan of the plan. Not subject to pre-service review.    Portion of the plan of the plan of the plan. Not subject to pre-service review.    Portion of the plan of the plan of the plan. Not subject to pre-service review.    Portion of the plan of the plan of the plan. Not subject to pre-service review.    Portion of the plan of the plan of the plan. Not subject to pre-se	D6199	unspecified implant procedure by report	•	_	-	-	-
sectioning of tooth and including elevation of mucoperiostal flap if indicated plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —	D6999	unspecified fixed prosthodontic procedure by report	• • • •	-	-	-	-
D7230 removal of impacted tooth - soft ussue Plan. Not subject to pre-service review	D7210	sectioning of tooth and including elevation of	•	-	-	-	-
D7290 unspecified oral surgery procedure by report classified, maybe subject to contract/clinical review	D7220	removal of impacted tooth - soft tissue	•	-	_	-	_
Description of the procedure by report classified, maybe subject to contract/clinical review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan. Not subject to pre-service review.   Description of the plan of the plan. Not subject to contract/clinical review.   Description of the plan of the plan of the plan. Not subject to contract/clinical review.   Description of the plan of the plan of the plan. Not subject to pre-service reviewed against Medical Plan. Not subject to pre-service review.   Description of the plan of the plan of the plan. Not subject to pre-service review.   Description of the plan of the plan of the plan. Not subject to pre-service review.   Description of the plan of the plan. Not subject to pre-service review.   Description of the plan of the plan. Not subject to pre-service review.   Description of the plan of the plan of the plan. Not subject to pre-service review.   Description of the plan	D7230	removal of impacted tooth - partially bony	•	-	_	-	_
D8210 removable appliance therapy Plan. Not subject to pre-service review	D7999	unspecified oral surgery procedure by report		-	-	-	-
D8220 Inxed appliance therapy Plan. Not subject to pre-service review.	D8210	removable appliance therapy	•	_	_	-	_
D8999 unspecified orthodontic procedure by report classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	D8220	fixed appliance therapy	•	_	_	-	_
C9740 Cysto impl 4 or more Policy Criteria. Procedure/service reviewed against Medical C9740 Electric heat pad standard Policy Criteria. Submit for Recommended Clinical Review	D8999	unspecified orthodontic procedure by report	• • •	-	-	-	_
C9740 Cysto impl 4 or more Policy Criteria. Submit for Recommended Clinical Review	D9999	unspecified adjunctive procedure by report	•	-	-	-	-
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	C9740	Cysto impl 4 or more	Policy Criteria. Submit for Recommended Clinical Review		-	-	-
Plan. Not subject to pre-service review.	E0210	Electric heat pad standard	•	_	-	-	_
E0218 Fluid circ cold pad w pump  Plan. Not subject to pre-service review.	E0217	Water circ heat pad w pump	•	_	_	-	_
E0221 Infrared heating pad system subject to pre-service review. Check EIU policy, which is	E0218	Fluid circ cold pad w pump	•	_	_	-	_
E0231 Wound warming device subject to pre-service review. Check EIU policy, which is	E0221	Infrared heating pad system	subject to pre-service review. Check EIU policy, which is	-	_	-	-
	E0231	Wound warming device	subject to pre-service review. Check EIU policy, which is	-	-	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  E0232 Warming card for NWT subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	E0232	Warming card for NWT	subject to pre-service review. Check EIU policy, which is	-	-	-	-

E0236	Pump for water circulating p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0240	Bath/shower chair	·
		Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
E0241	Bath tub wall rail	·
		Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
E0242	Bath tub rail floor	·
		Plan. Not subject to pre-service review.
E0243	Toilet rail	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
E0244	Toilet seat raised	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service 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
202 17	Trans Senen W, Wo commopen	Plan. Not subject to pre-service review.
E0248	HDtrans bench w/wo comm open	Non Covered: Procedure/service not covered by the
L0240	Tibtians benefit w/ wo commit open	Plan. Not subject to pre-service review.
E0273	Bed board	Non Covered: Procedure/service not covered by the
EU273	Beu board	Plan. Not subject to pre-service review.
F0274	Over had table	Non Covered: Procedure/service not covered by the
E0274	Over-bed table	Plan. Not subject to pre-service review.
		MP Criteria: Procedure/service reviewed against Medical
C9764	Revasc intravasc lithotripsy	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
	- 1 1/1/1/	Non Covered: Procedure/service not covered by the
E0315	Bed accessory brd/tbl/supprt	Plan. Not subject to pre-service review.
		MP Criteria: Procedure/service reviewed against Medical
C9765	Revasc intra lithotrip-stent	Policy Criteria. Submit for Recommended Clinical Review
	,	to avoid post-service review.
		·
E0446	Topical Ox Deliver sys nos	Unlisted: Procedure/service not specifically defined or
	.,	classified, maybe subject to contract/clinical review.
		NAD Criteries Durandous (coming assistant descinate Madical
E0485		MP Criteria: Procedure/service reviewed against Medical
	Oral device/appliance prefab	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review. Prior Authorization may be —
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
E0486	Oral device/appliance cusfab	·
		to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
		required per contract agreement.

E0487	Electronic spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9766	Revasc intra lithotrip-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
C9767	Revasc lithotrip-stent-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C9769	Cysto w/temp pros implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C9770	Vitrec/mech pars subret inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
E0183	Press underlay alter w/pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0300	Pediatric Crib Hospital Grade Fully Enclosed With Or Without Top Enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0316	Bed safety enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0616	Cardiac event recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0635	Patient Lift Electric With Seat Or Sling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0637	Combination Sit To Stand Frame/Table System Any Size Including Pediatric With Seat Lift Feature With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0638	Standing Frame/Table System One Position (E.G. Upright Supine Or Prone Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0641	Standing Frame/Table System Multi-Position (E.G. Three- Way Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E0642	Standing Frame/Table System Mobile (Dynamic Stander) Any Size Including Pediatric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

	_	MP Criteria: Procedure/service reviewed against Medical
E0650	Pneuma compresor non-segment	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0651	Pneum compressor segmental	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0652	Pneum compres w/cal pressure	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0655	Pneumatic appliance half arm	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0656	Segmental pneumatic trunk	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0657	Segmental pneumatic chest	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0660	Pneumatic appliance full leg	Policy Criteria. Submit for Recommended Clinical Review
	-	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0665	Pneumatic appliance full arm	Policy Criteria. Submit for Recommended Clinical Review
	••	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0666	Pneumatic appliance half leg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		·
		EIU: Procedure/service not reimbursed by the Plan. Not
E0675	Pneumatic compression device	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
E0676	Inter limb compress dev NOS	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
E0667	Seg pneumatic appl full leg	Policy Criteria. Submit for Recommended Clinical Review
2000/	seg pricarriatic apprituities	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0668	Seg pneumatic appl full arm	Policy Criteria. Submit for Recommended Clinical Review
10000	seg bueningue abbi inii aiiii	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical
F0660	Cog annumatic anali half !	
E0669	Seg pneumatic appli half leg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

E0670	Seg pneum int legs/trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.		-	-	
E0740	Non-implant pelv flr e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
E0671	Pressure pneum appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.		-	-	
E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.		-	-	
E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.		-	-	
E0762	Trans elec jt stim dev sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
E0764	Functional neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
E0677	Non pneum seq comp trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	-	-	
E0769	Electric wound treatment dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
E0770	Functional electric stim NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.		-	-	
E0830	Ambulatory traction device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	
E0840	Tract frame attach headboard	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-	

E0849	Cervical pneum trac equip	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0850	Traction stand free standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0855	Cervical traction equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0856	Cervic collar w air bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0936	CPM device other than knee	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0942	Cervical head harness/halter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0944	Pelvic belt/harness/boot	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0691	Uvl pnl 2 sq ft or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0692	Uvl sys panel 4 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review

		MP Criteria: Procedure/service reviewed against Medical
E0694	Uvl md cabinet sys 6 ft	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0747	Elec osteogen stim not spine	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0760	Osteogen ultrasound stimltor	Policy Criteria. Submit for Recommended Clinical Review
	· ·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0761	Nontherm electromentc device	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0766	Elec stim cancer treatment	Policy Criteria. Submit for Recommended Clinical Review
	2100 Still Stills St. Cottinent	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0985	W/c seat lift mechanism	Policy Criteria. Submit for Recommended Clinical Review
120303	w/c scat int incentalism	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E0986	Man w/c push-rim powr system	Policy Criteria. Submit for Recommended Clinical Review
20380	Wall W/C push-fill powr system	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E1002	Pwr seat tilt	Policy Criteria. Submit for Recommended Clinical Review
L1002	rwi seat tiit	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E1003	Pwr seat recline	Policy Criteria. Submit for Recommended Clinical Review
E1005	PWI Seat recilile	<del>-</del>
		to avoid post-service review.
F1004	Down and marking march	MP Criteria: Procedure/service reviewed against Medical
E1004	Pwr seat recline mech	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
54220	Desilies de la baselabada NOC	Unlisted: Procedure/service not specifically defined or
E1229	Pediatric wheelchair NOS	classified, maybe subject to contract/clinical review.
		MD Critaria, Procedure/coming reviewed against Modical
E4.00E	D	MP Criteria: Procedure/service reviewed against Medical
E1005	Pwr seat recline pwr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
E1239	Ped power wheelchair NOS	to avoid post-service review.
	·	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
E1399	Durable medical equipment mi	classified, maybe subject to contract/clinical review.

E1006	Pwr seat combo w/o shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1632	Wearable artificial kidney	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
E1700	Jaw motion rehab system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
E1701	Repl cushions for jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
E1702	Repl measr scales jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
E1007	Pwr seat combo w/shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1008	Pwr seat combo pwr shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1009	Add mech leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1010	Add pwr leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1012	Ctr mount pwr elev leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1230	Power operated vehicle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
E1629	Tablo for dialysis service	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
E2300	Pwr seat elevation sys	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2301	Pwr standing	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2310	Electro connect btw control	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2311	Electro connect btw 2 sys	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2312	Mini-prop remote joystick	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
E2313	PWC harness expand control	Policy Criteria. Submit for Recommended Clinical Review _		
	·	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E2321	Hand interface joystick	Policy Criteria. Submit for Recommended Clinical Review		
	Tidina internace joyation	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
E2322	Mult mech switches	Policy Criteria. Submit for Recommended Clinical Review _		
2222	Water meen switches	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
E2323	Special joystick handle	Policy Criteria. Submit for Recommended Clinical Review _		
L2323	Special Joystick Harraic	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E2324	Chin cup interface	Policy Criteria. Submit for Recommended Clinical Review _		
L2324	Chill cup interface	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
F222F	Cin and nuff interface			
E2325	Sip and puff interface	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
F2226	Described to the Life	MP Criteria: Procedure/service reviewed against Medical		
E2326	Breath tube kit	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2327	Head control interface mech	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2328	Head/extremity control inter	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2329	Head control nonproportional	Policy Criteria. Submit for Recommended Clinical Review _	_	<b>-</b> ,
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2330	Head control proximity switc	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical
E2331	Attendant control	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2340	W/c wdth 20-23 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2341	W/c wdth 24-27 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2342	W/c dpth 20-21 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2343	W/c dpth 22-25 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2351	Electronic SGD interface	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2373	Hand/chin ctrl spec joystick	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2374	Hand/chin ctrl std joystick	Policy Criteria. Submit for Recommended Clinical Review
	, , ,	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2375	Non-expandable controller	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2376	Expandable controller repl	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2377	Expandable controller initl	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
E2599	SGD accessory noc	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
E2500	SGD digitized pre-rec <=8min	Policy Criteria. Submit for Recommended Clinical Review
22300	335 digitized pre-rec 1-orini	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2502	SGD prerec msg >8min <=20min	Policy Criteria. Submit for Recommended Clinical Review
L2302	200 bieier insk Sommi Tommi	
		to avoid post-service review.

G0235	Pet imaging any site not otherwise specified	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
G0255	Current percep threshold tst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding 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. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0281	Elec stim unattend for press	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
G0282	Elect stim wound care not pd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
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	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
G0329	Electromagntic tx for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E2504	SGD prerec msg>20min <=40min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E2506	SGD prerec msg > 40 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E2508	SGD spelling phys contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E2510	SGD w multi methods msg/accs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

E2511	SGD sftwre prgrm for PC/PDA	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review  to avoid post-service review.
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g. CMI collagen scaffold Menaflex)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E2512	SGD accessory mounting sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
G0460	Autolog prp not diab ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
G0465	Autolog prp diab wound ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –
E2610	Wheelchair Seat Cushion Powered	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review  to avoid post-service review.
G0176	OPPS/PHP;activity therapy	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review  to avoid post-service review.
G8395	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
G8396	LVEF not performed	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  — — — — — — — — — — — — — — — — — — —
G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  — — — — — — — — — — — — — — — — — — —
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –
G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
G8404	Low extemity neur exam docum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
G8405	Low extemity neur not perfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
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	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  — — — — — — — — — — — — — — — — — — —
G8416	Pt inelig footwear evaluatio	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —

G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G8418	Calc bmi blw low param f/u	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G8419	Calc bmi out nrm param nof/u	Plan. Not subject to pre-service review.	_	_	-	
		Non Covered: Procedure/service not covered by the				
G8420	Calc bmi norm parameters	Plan. Not subject to pre-service review.	-	_	_	
		Non Covered: Procedure/service not covered by the				
G8421	Bmi not calculated	Plan. Not subject to pre-service review.	-	-	_	
G8427	Docrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_	
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
G8430	Doc med rsn no medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G8431	Pos clin depres scrn f/u doc	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G8432	Dep scr not doc rng	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G8433	Scr for dep not cpt doc rsn		_	_	_	
		Plan. Not subject to pre-service review.				

G8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the			
	<u> </u>	Plan. Not subject to pre-service review.			_
G8465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by the			
	<u> </u>	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	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G8475	ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not covered by the			
55175	7.62,7.11.5 (1.71.5) 11.61.71.4	Plan. Not subject to pre-service review.			_
G8476	Bp sys <140 and dias <90	Non Covered: Procedure/service not covered by the			
66176		Plan. Not subject to pre-service review.	_		-
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the			
G0477	Bp 3y3>=140 una/or ala3 >=30	Plan. Not subject to pre-service review.	-	_	-
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the			
00470	Br not performed/doc	Plan. Not subject to pre-service review.	-	_	-
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the			
U040Z	Fig illilliginge order/adillill	Plan. Not subject to pre-service review.	_	_	-
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the			
U0403	Fig IIIIII 110 agiiiii goc rea	Plan. Not subject to pre-service review.	-	_	-
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the			
G8484	Fiu immunize no admin	Plan. Not subject to pre-service review.	_	_	-
		Unlisted: Procedure/service not specifically defined or			
G9012	Other Specified Case Mgmt	• • • • • • • • • • • • • • • • • • • •	_	_	_
		classified, maybe subject to contract/clinical review.			
C0050	On and an account of a supplication	Non Covered: Procedure/service not covered by the			
G9050	Oncology work-up evaluation	Plan. Not subject to pre-service review.	-	-	-
C0054	O contract of desiring and the	Non Covered: Procedure/service not covered by the			
G9051	Oncology tx decision-mgmt	Plan. Not subject to pre-service review.	-	_	-
C0053	0	Non Covered: Procedure/service not covered by the			
G9052	Onc surveillance for disease	Plan. Not subject to pre-service review.	-	-	-
00050		Non Covered: Procedure/service not covered by the			
G9053	Onc expectant management pt	Plan. Not subject to pre-service review.	-	_	-
		Non Covered: Procedure/service not covered by the			
G9054	Onc supervision palliative	Plan. Not subject to pre-service review.	-	_	-
		Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			
G9055	Onc visit unspecified NOS	Unlisted or Undefined: Procedures/services not			
	One visit unspecineu NOS	specifically defined or classified, maybe subject to	_	<del>-</del>	_
		contract/clinical review.			
		Non Covered: Procedure/service not covered by the			
G9056	Onc prac mgmt adheres guide	Plan. Not subject to pre-service review.	_	=	_
		Train. Not subject to pre-service review.			

		Non Covered: Procedure/service not covered by the			
G9057	Onc pract mgmt differs trial	Plan. Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the			
G9058	Onc prac mgmt disagree w/gui	Plan. Not subject to pre-service review.	-	_	_
00050		Non Covered: Procedure/service not covered by the			
G9059	Onc prac mgmt pt opt alterna	Plan. Not subject to pre-service review.	-	_	-
cooco	O	Non Covered: Procedure/service not covered by the			
G9060	Onc prac mgmt dif pt comorb	Plan. Not subject to pre-service review.	-	_	_
C00C1	One was soud a sould by socials	Non Covered: Procedure/service not covered by the			
G9061	Onc prac cond noadd by guide	Plan. Not subject to pre-service review.	-	_	_
C0063	One procequide difference	Non Covered: Procedure/service not covered by the			
G9062	Onc prac guide differs nos	Plan. Not subject to pre-service review.	-	_	_
C0063	One dy neels stal no progress	Non Covered: Procedure/service not covered by the			
G9063	Onc dx nsclc stgl no progres	Plan. Not subject to pre-service review.	-	_	_
G9064	One dy neele eta? no progres	Non Covered: Procedure/service not covered by the			
G9004	Onc dx nsclc stg2 no progres	Plan. Not subject to pre-service review.	_	_	_
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the			
G9005	Official discressigns no progre	Plan. Not subject to pre-service review.	-	_	_
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the			
G9000	One ax fiscle sigsb-4 metasta	Plan. Not subject to pre-service review.	_	_	_
G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the			
d3007	One ax fiscle ax unknown nos	Plan. Not subject to pre-service review.	_	_	_
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the			
G3000	one ax selectiscic illineca	Plan. Not subject to pre-service review.	-	_	-
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the			
05005		Plan. Not subject to pre-service review.			_
G9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by the			
	one an early needs one amarin.	Plan. Not subject to pre-service 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.		<del>_</del>	_
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the			
	<u> </u>	Plan. Not subject to pre-service review.			_
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	<del>-</del>		<del>-</del>
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	<del>-</del>		<del>-</del>
G9079	Onc dx prostate T3b-T4noprog	Non Covered: Procedure/service not covered by the			
	one an prostate 100 1 moprog	Plan. Not subject to pre-service review.	_		-
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	<del>-</del>		<del>-</del>

Section   Plan. Not subject to pre-service review.			Non Covered: Procedure/service not covered by the			
Son	G9083	Onc dx prostate unknwn nos	· · · · · · · · · · · · · · · · · · ·	_	_	_
Goodea Goodea 11-3 no.1 - 2n pr pr Plan. Not subject to pre-service review.   -   -   -   -   -   -   -   -   -			·			
Source   S	G9084	Onc dx colon t1-3 n1-2 no pr	·	_	_	-
Section   14 NW or prince   Pilan. Not subject to per-service review.			·			
Source   Non-Covered: Procedure/Service not covered by the   Plan. Not subject to pre-service review.   -	G9085	Onc dx colon T4 N0 w/o prog	· · · · · · · · · · · · · · · · · · ·	_	_	_
Significant Part of the Control of t						
S9087 Onc dx colon metas evid dx Pinn. Nos tablect to pre-service review.	G9086	Onc dx colon T1-4 no dx prog	•	_	_	_
Pilan. Not subject to pre-service review.   -   -   -						
Onc. dx. colon metas noevid dx   Onc. dx. colon metas noevid dx   Onc. dx. colon extent unknown   Plan. Not subject to pre-service review.	G9087	Onc dx colon metas evid dx	•	_	_	_
Service   Point do colon metas noevel dax   Plan. Not subject to pre-service review.			· · · · · · · · · · · · · · · · · · ·			
Onc dx colon extent unknown Plan. Not subject to pre-service review. Plan. Not	G9088	Onc dx colon metas noevid dx	•	_	_	_
One dx colon extent unknown Plan. Not subject to pre-service review. Plan. Not			·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9089	Onc dx colon extent unknown	•	_	_	_
Onc dx rectal T3 N0 no prog Plan. Not subject to pre-service review.						
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.   -   -   -	G9090	Onc dx rectal T1-2 no progr	·	_	_	_
Onc dx rectal T3 NO no prog   Plan. Not subject to pre-service review.			·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9091	Onc dx rectal T3 N0 no prog	•	_	_	_
Plan. Not subject to pre-service review.  9093 Onc dx rectal T4 N M0 no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9094 Onc dx rectal M1 w/mets prog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9095 Onc dx rectal extent unknwn Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9096 Onc dx esophag T1-T3 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9097 Onc dx esophageal T4 no prog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9098 Onc dx esophageal mets recur Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9099 Onc dx esophageal mets recur Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9099 Onc dx esophageal unknown Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9099 Onc dx esophageal unknown Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9090 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  9						
Onc dx rectal T4 N M0 no prg Plan. Not subject to pre-service review.  G9094 Onc dx rectal M1 w/mets prog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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 esophage T1-T3 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9097 Onc dx esophageal T4 no prog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9098 Onc dx esophageal mets recur Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9099 Onc dx esophageal mets recur Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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 no recurrence Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9102 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9103 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9104 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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 gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9105 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9105 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the	G9092	Onc dx rectal T1-3 N1-2noprg		_	_	_
Plan. Not subject to pre-service review.			· · · · · · · · · · · · · · · · · · ·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9093	Onc dx rectal T4 N M0 no prg	· · · · · · · · · · · · · · · · · · ·	_	_	_
Plan. Not subject to pre-service review.   -   -   -			·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9094	Onc dx rectal M1 w/mets prog	· · · · · · · · · · · · · · · · · · ·	_	_	_
Plan. Not subject to pre-service review.			· · · · · · · · · · · · · · · · · · ·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9095	Onc dx rectal extent unknwn	•	_	_	_
Plan. Not subject to pre-service review.			·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9096	Onc dx esophag T1-T3 noprog	•	_	_	_
Plan. Not subject to pre-service review.   -   -   -			·			
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9097	Onc dx esophageal T4 no prog	•	_	_	_
Plan. Not subject to pre-service review.   -   -   -     -			·			
Pilan. Not subject to pre-service review.  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 review.  G9102 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9103 Onc dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9104 Onc dx gastric 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 review.  G9104 Onc dx gastric 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 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.	G9098	Onc dx esophageal mets recur	·			
Plan. Not subject to pre-service review.  Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject to pre-service review.  Plan. Not subject to pre-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.  Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  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.			· · · · · · · · · · · · · · · · · · ·			_
Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9101 Onc dx gastric p R1-R2noprog Plan. Not subject to pre-service review.  G9102 Onc dx gastric unresectable Plan. Not subject to pre-service review.  G9103 Onc dx gastric recurrent Plan. Not subject to pre-service review.  G9104 Onc dx gastric recurrent Plan. Not subject to pre-service review.  G9105 Onc dx pancreate p R0 res po	G9099	Onc dx esophageal unknown	•			
Plan. Not subject to pre-service review.			· · · · · · · · · · · · · · · · · · ·			_
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 review.  G9102 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9103 Onc dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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 pancreate p R0 res po	G9100	Onc dx gastric no recurrence	·			
G9101 Onc dx gastric p R1-R2noprog Plan. Not subject to pre-service review			· · · · · · · · · · · · · · · · · · ·			_
G9102 Onc dx gastric unresectable  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9103 Onc dx gastric recurrent  Onc dx gastric recurrent  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the	G9101	Onc dx gastric p R1-R2noprog	·			
G9103 Onc dx gastric unresectable  Plan. Not subject to pre-service review.  Onc dx gastric recurrent  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the			· · · · · · · · · · · · · · · · · · ·			
G9103 Onc dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	G9102	Onc dx gastric unresectable	•			
G9103 Onc dx gastric recurrent  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 review  Onc dx pancreate p R0 res no		0	· · · · · · · · · · · · · · · · · · ·			_
G9104 Onc dx gastric unknown NOS  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Onc dx gastric unknown NOS  Non Covered: Procedure/service review.  Non Covered: Procedure/service not covered by the	G9103	Onc dx gastric recurrent	•			
G9104 Onc dx gastric unknown NOS Plan. Not subject to pre-service review. – – –  Onc dx pancreate p R0 res po  Non Covered: Procedure/service not covered by the			· · · · · · · · · · · · · · · · · · ·			_
Plan. Not subject to pre-service review. – – – – Non Covered: Procedure/service not covered by the	G9104	Onc dx gastric unknown NOS	· · · · · · · · · · · · · · · · · · ·			
1G91U5 Unc dx pancreatc p RU res no				_	-	=
	G9105	Onc dx pancreatc p R0 res no				
Plan. Not subject to pre-service review.			Plan. Not subject to pre-service review.	-	=	= '

G9106	Onc dx pancreatc p R1/R2 no	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9107	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			
G9108	Onc dx pancreatic unknwn NOS	Non Covered: Procedure/service not covered by the			
03108	One ax panereatic unknown NOS	Plan. Not subject to pre-service review.	-	-	-
60400	One de bood/ond T4 T2 comm	Non Covered: Procedure/service not covered by the			
G9109	Onc dx head/neck T1-T2no prg	Plan. Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the			
G9110	Onc dx head/neck T3-4 noprog	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9111	Onc dx head/neck M1 mets rec	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9112	Onc dx head/neck ext unknown		_	_	_
		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			
03111	one ax ovarian start b of 2	Plan. Not subject to pre-service review.	_	-	
G9115	One dy avarian etg2/4 nanrag	Non Covered: Procedure/service not covered by the			
09113	Onc dx ovarian stg3/4 noprog	Plan. Not subject to pre-service review.	_	-	-
60446	0 1 :	Non Covered: Procedure/service not covered by the			
G9116	Onc dx ovarian recurrence	Plan. Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the			
G9117	Onc dx ovarian unknown NOS	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9123	Onc dx CML chronic phase	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9124	Onc dx CML acceler phase	•	_	_	_
		Plan. Not subject to pre-service review.			
G9125	Onc dx CML blast phase	Non Covered: Procedure/service not covered by the			
	<u> </u>	Plan. Not subject to pre-service review.			
G9126	Onc dx CML remission	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	_		
	Oncology; Disease Status; Limited To Multiple Myeloma	Non Covered: Procedure/service not covered by the			
G9128	Systemic Disease; Smoldering Stage I (For Use In A	Plan. Not subject to pre-service review.	_	_	_
	Medicare-Approved Demonstration Project)	Plan. Not subject to pre-service review.			
C0120	On a divisional and a star 2 his	Non Covered: Procedure/service not covered by the			
G9129	Onc dx mult myeloma stg2 hig	Plan. Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the			
G9130	Onc dx multi myeloma unknown	Plan. Not subject to pre-service review.	-	_	-
		Non Covered: Procedure/service not covered by the			
G9131	Onc dx brst unknown NOS	Plan. Not subject to pre-service review.	_	-	_
		Non Covered: Procedure/service not covered by the			
G9132	Onc dx prostate mets no cast	Plan. Not subject to pre-service review.	_	_	_
		· · · · · · · · · · · · · · · · · · ·			
G9133	Onc dx prostate clinical met	Non Covered: Procedure/service not covered by the			
	·	Plan. Not subject to pre-service review.	<del>-</del>		
G9134	Onc NHLstg 1-2 no relap no	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	_	_	<del>-</del>

Span. Not suspect to pre-Service review.  Span. Not suspect to pre-Servi						
Onc dx NHL trans to ig floeil  Pain. Not Subject to pre-service review.    1913   Onc dx NHL relapse/refractor   Non Covered: Procedure/service nat covered by the	G9135	Onc dx NHL stg 3-4 not relap	•	_	_	_
Plan. Not subject to pre-service review.						
Seption of the Nitt, reliapse/refractor	G9136	Onc dx NHL trans to Ig Bcell	· · · · · · · · · · · · · · · · · · ·	_	_	_
Option of the New Pt 200 mins Page 100 mins						
9318 Onc dx NHL sig unknown Plan. Not subject to pre-service review.  918	G9137	Onc dx NHL relapse/refractor				
Onc dx MHL sig unknown Plan. Not subject to pre-service review. Plan. Not subj		<u> </u>				_
Ann. Not subject to pre-service review.  G9140 Frontier extended stay demo Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9147 Outpatient Intravenous Insulin Treatment (OIVT) either pulsafile or continuous by any means guided by the results. Ell: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9147 Outpatient Intravenous Insulin Treatment (OIVT) either pulsafile or continuous by any means guided by the results. Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell polloy, which is	G9138	Onc dx NHL stg unknown	•			
G9139 Onc dx CML dx status unknown Plan. Not subject to pre-service review						_
Fig. No. Subject to pre-service review.  Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous by any means guided by the results of measurements for respiratory quotient; and/or urine urea nitrogen (UUN); and/or arterial venous or capillary glucose; and/or potassium concentration  G99178 Remote E/M New Pt 10Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check Ell up pilor, which is one of our Clinical Payment and Coding Policy (CPCP).  G9918 Remote E/M New Pt 20Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check Ell up pilor, which is one of our Clinical Payment and Coding Policy (CPCP).  G9919 Remote E/M New Pt 20Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Remote E/M New Pt 30 Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9911 Remote E/M New Pt 45Mins Plan. Not subject to pre-service review.  G9912 Remote E/M New Pt 60Mins Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  G9918 Remote E/M New Pt 60Mins Plan. Not subject to pre-service review.  G9918 Remote E/M New Pt 60Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9919 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Remote E/M Est. Pt 10Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  G9910 Non Covered: Procedure/service not covered by the Plan. Not sub	G9139	One dy CMI dy status unknown	Non Covered: Procedure/service not covered by the			
Plan. Not subject to pre-service review.	63133	One ax civil ax status anknown		_	_	_
Outpatient intravenous Insulin Treatment (OIVT) either pulsatile or continuous by any means guided by the results of measurements forespiratory quotients and/or unit urea nitrogen (UUN); and/or arterial venous or capillary glucose; and/or potassium concentration  Separate E/M New Pt 10Mins  Remote E/M New Pt 20Mins  Remote E/M New Pt 20Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Separate Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Separate Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Separate Plan. Not subject	C0140	Frontier extended stay dome	Non Covered: Procedure/service not covered by the			
pulsatile or continuous by any means guided by the results of measurements for respiratory quotient, and/or urine urea intrigen (LUNI), and/or arterial venous or capillary glucose; and/or potassium concentration  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject t	G9140	Frontier extended stay demo	Plan. Not subject to pre-service review.	_	_	_
of measurements forrespiratory quotient; and/or urine urea nitrogen (UUN); and/or arterial venous or capillary places; and/or potassium concentration  G9978 Remote E/M New Pt 10Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		Outpatient Intravenous Insulin Treatment (OIVIT) either				
urea nitrogen (UUN); and/or patasitum concentration  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		pulsatile or continuous by any means guided by the results	EIU: Procedure/service not reimbursed by the Plan. Not			
urea nitrogen (UUN); and/or patasitum concentration  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	G9147	of measurements for:respiratory quotient; and/or urine	subject to pre-service review. Check EIU policy, which is			_
Remote E/M New Pt 10Mins Plan. Not subject to pre-service review.				_	_	_
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.						
Plan. Not subject to pre-service review.			Non Covered: Procedure/service not covered by the			
Remote E/M New Pt 20Mins Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9978	Remote E/M New Pt 10Mins		_	_	_
Plan. Not subject to pre-service review.  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Pl						
Remote E/M New Pt 30 Mins  Remote E/M New Pt 45Mins  Remote E/M New Pt 60Mins  Remote E/M New Pt 60Mins  Remote E/M New Pt 60Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 40Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 15Mins  Rem	G9979	Remote E/M New Pt 20Mins	· · · · · · · · · · · · · · · · · · ·	_	_	_
Remote E/M New Pt 30 Mins Plan. Not subject to pre-service review.  Remote E/M New Pt 45Mins Remote E/M New Pt 45Mins Remote E/M New Pt 60Mins Remote E/M New Pt 60Mins Remote E/M New Pt 60Mins Remote E/M St. Pt 10Mins Remote E/M Est. Pt 15Mins Remote E/M Est. Pt 15Mins Remote E/M Est. Pt 15Mins Remote E/M Est. Pt 25Mins Remote E/M Est. Pt 40Mins Remote E						
Remote E/M New Pt 45Mins	G9980	Remote E/M New Pt 30 Mins	·	_	_	_
Remote E/M New Pt 45Mins Plan. Not subject to pre-service review.						
Remote E/M New Pt 60Mins  Remote E/M Sex. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 40Mins  Remote E/M Est. Pt 50Mins  Remote E/M Est. Pt 50M	G9981	Remote E/M New Pt 45Mins		_	_	_
Remote E/M New Pt 60Mins Plan. Not subject to pre-service review.						
Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 10Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 20Mins  Remote E/M Est. Pt 40Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 15	G9982	Remote E/M New Pt 60Mins				
Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 15Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 10Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.		<u> </u>				_
Remote E/M Est. Pt 15Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 25Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 25Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins  Rem	G9983	Remote E/M Est. Pt 10Mins	•			
Remote E/M Est. Pt 15Mins Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 25Mins Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins 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.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	03303					_
Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 25Mins  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Remote E/M Est. Pt 40Mins  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not specifically defined or classified procedure/service not specifically defined or classified. Procedure/service not specifically defined or classified procedure/service not specifically defined or classified.	G9984	Remote F/M Fst Pt 15Mins	Non Covered: Procedure/service not covered by the			
Plan. Not subject to pre-service review.   -   -   -	G3304	Remote Lywi Est. 1 C 15 Willis		_	_	_
Remote E/M Est. Pt 40Mins  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.  H0046  Mental health service nos  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or Unlisted: Procedure/service not specifically defi	COOSE	Pomoto E/M Est. Dt 2EMins	Non Covered: Procedure/service not covered by the			
Plan. Not subject to pre-service review.   -   -   -	G9963	Remote E/M Est. Pt 25Mills	Plan. Not subject to pre-service review.	-	_	_
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, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or	C0006	Domoto F/M Fet Dt 40Mins	Non Covered: Procedure/service not covered by the			
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, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or Unlisted: Procedure/service not specifically defined or	מאפצט	Kemote E/IVI EST. Pt 40IVIINS	Plan. Not subject to pre-service review.	-	-	-
H0046 Mental health service nos Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	60007	Desir Andreas and Letter and No. 19	Non Covered: Procedure/service not covered by the			
H0046 Mental health service nos Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. – – – — Unlisted: Procedure/service not specifically defined or	G9987	Bpci Advanced in Home visit	Plan. Not subject to pre-service review.	-	-	-
Classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —						
Classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	H0046	Mental health service nos				
H0047 Alcohol/drug abuse svc nos			classified, maybe subject to contract/clinical review.	_	_	_
H0047 Alcohol/drug abuse svc nos			Unlisted: Procedure/service not specifically defined or			
	H0047	Alcohol/drug abuse svc nos		-	-	-
			2.2.22,			

J0129	Abatacept injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0341	Percutaneous islet celltrans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J0202	Injection alemtuzumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0342	Laparoscopy islet cell trans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J0219	Inj aval alfa-nqpt 4mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0220	Alglucosidase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not — — — — — — — — — — — — — — — — — — —
J0222	Inj. patisiran 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
J0224	Inj. lumasiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review

J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
J0490	INJECTION BELIMUMAB 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0491	Inj anifrolumab-fnia 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0584	Injection burosumab-twza 1m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0717	Certolizumab pegol inj 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0775	Collagenase clost hist inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0791	Inj crizanlizumab-tmca 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0881	Darbepoetin alfa non-esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J1301	Injection edaravone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J1303	Inj. ravulizumab-cwvz 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J1305	Inj evinacumab-dgnb 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

J1306	Injection inclisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J1325	Epoprostenol injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g. as a result of highly active antiretroviral therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
G2082	Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J1428	Inj eteplirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G2083	Visit esketamine > 56m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1551	Inj cutaquig 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J1554	lnj. asceniv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — required per contract agreement.
J1566	Immune globulin powder	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — agreement.
J1599	Ivig non-lyophilized NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract  agreement.

J0172	Inj aducanumab-avwa 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J1746	Inj. ibalizumab-uiyk 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
J0218	Inj olipudase alfa-rpcp 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.
J1823	Inj. inebilizumab-cdon 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
J0225	Inj vutrisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1302	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
J2278	Ziconotide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
J1411	Inj hemgenix per tx dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 to avoid post-service review.
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J1426	Injection casimersen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Inj. viltolarsen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Inj golodirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Inj. brexanolone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Inj spesolimab-sbzo 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 to avoid post-service review.	-	-
lnj. eptinezumab-jjmr 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Inj testostero enanthate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be <sup>—</sup> required per contract agreement.	-	-
Testosterone undecanoate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
lnj. tildrakizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Treprostinil injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
	Inj. viltolarsen  Inj golodirsen 10 mg  Inj. brexanolone 1 mg  Inj. spesolimab-sbzo 1 mg  Inj. eptinezumab-jjmr 1 mg  Inj testostero enanthate 1mg  Testosterone undecanoate 1mg  Inj. teprotumumab-trbw 10 mg  Inj. tildrakizumab 1 mg	Inj. pasireotide long acting  Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  Inj. viltolarsen  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Crit	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Procedure/service reviewed against Medical Inj. brexanolone 1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 Policy Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

J1951	Inj fensolvi 0.25 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1954	Leuprolide depot cipla 7.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.
J3380	Injection vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J3399	Inj onase abepar-xioi treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
J3490	Drugs unclassified injection	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
J2327	Inj risankizumab-rzaa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J3570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
J3590	Unclassified biologics	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
J3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J2440	Injection Papaverine Hcl Up To 60 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J7178	Inj human fibrinogen con nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — required per contract agreement.

J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J2777	Inj faricimab-svoa 0.1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J2778	Injection Ranibizumab 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J7599	Immunosuppressive drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe 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, which is one of our Clinical Payment and Coding Policy (CPCP).
J7607	Levalbuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7609	Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7610	Albuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7615	Levalbuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7622	Beclomethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7624	Betamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

J7627	Budesonide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7628	Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7629	Bitolterol mesylate comp unt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7632	Cromolyn sodium comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7634	Budesonide comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7635	Atropine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7636	Atropine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7637	Dexamethasone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7638	Dexamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7640	Formoterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7641	Flunisolide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

J7642	Glycopyrrolate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7643	Glycopyrrolate comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7645	Ipratropium bromide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7647	Isoetharine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7650	Isoetharine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7657	Isoproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7660	Isoproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7667	Metaproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7670	Metaproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7676	Pentamidine comp unit dose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7680	Terbutaline sulf comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

J7681	Terbutaline sulf comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7683	Triamcinolone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7684	Triamcinolone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7685	Tobramycin comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7699	Inhalation solution for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7799	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7999	Compounded drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J8498	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J8499	Oral prescrip drug non chemo	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J8597	Antiemetic drug oral NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
18999	Oral prescription drug chemo	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J9020	Asparaginase NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J2779	Inj susvimo 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.

J9332	Inj efgartigimod 2mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	
J3299	Inj xipere 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_
19999	Chemotherapy drug	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract agreement.	
J3520	Edetate disodium per 150 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
J7177	lnj. fibryga 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
J7309	Methyl Aminolevulinate (Mal) For Topical Administration 16.8% 1 Gram	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_
J7316	Injection Ocriplasmin 0.125 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_
J7402	Mometasone sinus sinuva	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_
J9600	Porfimer sodium injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
ко108	W/c component-accessory NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_
K0005	Ultralightweight wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_
K0010	Stnd wt frame power whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-
K0011	Stnd wt pwr whichr w control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	

MP Criteria: Procedure/service reviewed against Medical	
<u>-</u>	
K0012 Ltwt portbl power whlchr Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0013 Custom power whichr base Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0014 Other power whichr base Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0053 Elevate footrest articulate Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
K0812 Power operated vehicle NOC Unlisted or Undefined: Procedures/services not	
specifically defined or classified, maybe subject to	
contract/clinical review.	
MP Criteria: Procedure/service reviewed against Medical	
K0065 Spoke protectors Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
KO455 Pump uninterrupted infusion Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0800 POV group 1 std up to 300lbs Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0801 POV group 1 hd 301-450 lbs Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0802 POV group 1 vhd 451-600 lbs Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
K0806 POV group 2 std up to 300lbs Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	-
MP Criteria: Procedure/service reviewed against Medical	
K0807 POV group 2 hd 301-450 lbs Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	-
MP Criteria: Procedure/service reviewed against Medical	
K0808 POV group 2 vhd 451-600 lbs Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	-
MP Criteria: Procedure/service reviewed against Medical	
,	
KO813 PWC gp 1 std port seat/back Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review.	

K0814	PWC gp 1 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0815	PWC gp 1 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
К0816	PWC gp 1 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0820	PWC gp 2 std port seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0821	PWC gp 2 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0822	PWC gp 2 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0823	PWC gp 2 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
К0824	PWC gp 2 hd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
К0825	PWC gp 2 hd cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0826	PWC gp 2 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0827	PWC gp vhd cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical
K0828	PWC gp 2 xtra hd seat/back	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0829	PWC gp 2 xtra hd cap chair	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
к0830	PWC gp2 std seat elevate s/b	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0831	PWC gp2 std seat elevate cap	Policy Criteria. Submit for Recommended Clinical Review
	Oh	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0835	PWC gp2 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
10033	Twe gpz sta sing pow opt s/ b	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0836	PWC gp2 std sing pow opt cap	-
KU030	PWC gpz stu sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
K0037	DMC 2 kd disconnected by	MP Criteria: Procedure/service reviewed against Medical
K0837	PWC gp 2 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0838	PWC gp 2 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0839	PWC gp2 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0840	PWC gp2 xhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0841	PWC gp2 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0842	PWC gp2 std mult pow opt cap	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0843	PWC gp2 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review
	. The Spin mane point opers, a	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0848	PWC gp 3 std seat/back	Policy Criteria. Submit for Recommended Clinical Review
100+0	I WE BY 3 SIU SEAL/ DACK	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical
K0840	DWC an 2 and can chair	-
K0849	PWC gp 3 std cap chair	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
W0050	2010 211 1/1 1	MP Criteria: Procedure/service reviewed against Medical
K0850	PWC gp 3 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

		MP Criteria: Procedure/service reviewed against Medical	
K0851	PWC gp 3 hd cap chair	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0852	PWC gp 3 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0853	PWC gp 3 vhd cap chair	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0854	PWC gp 3 xhd seat/back	Policy Criteria. Submit for Recommended Clinical Review	_
	<del>-</del> '	to avoid post-service review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
K0855	PWC gp 3 xhd cap chair	Policy Criteria. Submit for Recommended Clinical Review	
	J. 1	to avoid post-service review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
K0856	PWC gp3 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review	
	and the state of t	to avoid post-service review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
K0857	PWC gp3 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review	
	. To obe our emb be a obt out	to avoid post-service review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
K0858	PWC gp3 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review	
Kooso	Twe gps ha sing pow ope s/ 5	to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
K0859	PWC gp3 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	
10055	T We gps ha sing pow opt cap	to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
K0860	PWC gp3 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	
KUOUU	r we gps viid sing pow opt syb	to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
V0961	DIVIC and and mult now ant all	· · · · · · · · · · · · · · · · · · ·	
K0861	PWC gp3 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	-
		to avoid post-service review.	
W0000	DMC 2 by days the second of the	MP Criteria: Procedure/service reviewed against Medical	
K0862	PWC gp3 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
W0050	2016	MP Criteria: Procedure/service reviewed against Medical	
K0863	PWC gp3 vhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0864	PWC gp3 xhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0868	PWC gp 4 std seat/back	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
K0869	PWC gp 4 std cap chair	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	

к0870	PWC gp 4 hd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0871	PWC gp 4 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
к0877	PWC gp4 std sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0898	Power wheelchair NOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
к0878	PWC gp4 std sing pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K1002	Ces system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	12/31/2023	Retire effective 12/31/2023
K1004	Lo freq us diathermy device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K1018	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
к0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

K1023	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
K0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe 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.	-	-
L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
L3060	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
L3649	Orthopedic shoe modifica NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
L3999	Upper limb orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
K0885	PWC gp4 std mult pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0886	PWC gp4 hd mult pow s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

L5999	Lowr extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
к0890	PWC gp5 ped sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
К0891	PWC gp5 ped mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
к0899	Pow mobil dev no dmepdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
К1020	Non-invasive vagus nerv stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
K1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  7/2	12/31/2023	Retire effective 12/31/2023
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  7/2	12/31/2023	Retire effective 12/31/2023
K1030	Ext recharge bat replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K1031	Non pneu comp control w/o ca		12/31/2023 1/2023	Retire effective 12/31/2023
K1032	Non pneum seq comp full leg		12/31/2023 1/2023	Retire effective 12/31/2023
K1033	Non pneum seq comp half leg		12/31/2023 1/2023	Retire effective 12/31/2023
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical	
L5857	Elec knee-shin swing only	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L5973	Ank-foot sys dors-plant flex	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6026	Part hand myo exclu term dev	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6611	Additional switch ext power	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
	ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED	MP Criteria: Procedure/service reviewed against Medical	
1,6000	INDEPENDENTLY ARTICULATING DIGITS ANY GRASP		
L6880	PATTERN OR COMBINATION OF GRASP PATTERNS	Policy Criteria. Submit for Recommended Clinical Review	
	INCLUDES MOTOR(S)	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6920	Wrist disarticul switch ctrl	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6925	Wrist disart myoelectronic c	Policy Criteria. Submit for Recommended Clinical Review	
	White district my ocice to the c	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6930	Below elbow switch control	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6935	Below elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review _	
	Solo II clas II II poclesia cino di	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	$\overline{}$
L6940	Elbow disarticulation switch	Policy Criteria. Submit for Recommended Clinical Review	
10040	LIDOW distriction switch	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6945	Elbow disart myoelectronic c	Policy Criteria. Submit for Recommended Clinical Review	
10945	Elbow disart mydelectronic c		
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
1,000	Albana albana anitab asatusi		
L6950	Above elbow switch control	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	$\overline{}$
		MP Criteria: Procedure/service reviewed against Medical	
L6955	Above elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
1.5050		MP Criteria: Procedure/service reviewed against Medical	
L6960	Shldr disartic switch contro	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6965	Shldr disartic myoelectronic	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	

L6970	Interscapular-thor switch ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L6975	Interscap-thor myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L7008	Pediatric electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L8605	Inj bulking agent anal canal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L7009	Adult electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L8608	Arg ii ext com/sup/acc misc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L7040	Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
L8614	Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — required per contract agreement.
L8615	Coch Implant Headset Replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — required per contract agreement.

L8616	Coch Implant Microphone Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
L8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
L8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8621	Repl Zinc Air Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8622	Repl Alkaline Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8623	Lith Ion Batt Cid Non-Earlvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8624	Lith Ion Batt Cid Ear Level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

M0241	Casiri and imdev repeat hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
M0243	Casirivi and imdevi inj	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
M0244	Casirivi and imdevi inj hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
M0245	bamlan and etesev infusion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
M0246	Bamlan and etesev infus home	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
L7180	Electronic elbow sequential	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
P9020	Plaelet rich plasma unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
P9099	Blood component/product noc	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not
Q0240	Casirivi and imdevi 600mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
Q0243	casirivimab and imdevimab	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
Q0244	Casirivi and imdevi 1200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).

bamlanivimab and etesevima	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Dispens fee immunosupressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
Electronic elbo simultaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Electron elbow adolescent sw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Axicabtagene ciloleucel car+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
Tisagenlecleucel car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
Doxorubicin inj 10mg	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  — — — — — — — — — — — — — — — — — — —
	Misc sup/acc ext VAD  Misc sup/acc imp VAD  Mis sup/ac imp VAD nopay med  Dispens fee immunosupressive  Sup fee antiem antica immuno  Px sup fee anti-can sub pres  Electronic elbo simultaneous  Electron elbow adolescent sw  Influenza virus vaccine nos  Axicabtagene ciloleucel car+  Tisagenlecleucel car-pos t  Doxorubicin inj 10mg

Q2053	Brexucabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — required per contract agreement.
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q2055	Idecabtagene vicleucel car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q2056	Ciltacabtagene car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q4082	Drug/bio NOC part B drug CAP	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not  specifically defined or classified, maybe subject to  contract/clinical review.
Q4100	Skin substitute NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not – – – – specifically defined or classified, maybe subject to contract/clinical review.
L7186	Electron elbow child switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L7190	Elbow adolescent myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4103	Oasis burn matrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4104	Integra BMWD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>	
		MP Criteria: Procedure/service reviewed against Medical			
L7191	Elbow child myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
17264	Total and blade out to blade	MP Criteria: Procedure/service reviewed against Medical			
L7364	Twelve volt battery utah/equ	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical			
L7366	Battery chrgr 12 volt utah/e	Policy Criteria. Submit for Recommended Clinical Review _			
L/300	Battery Chigh 12 Voit utanye	to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
L8604	Dextranomer/hyaluronic acid	Policy Criteria. Submit for Recommended Clinical Review _			
	20.0.0	to avoid post-service review.	_	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4110	Primatrix	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>	
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4111	Gammagraft	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4112	Cymetra injectable	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4113	Graftjacket xpress	subject to pre-service review. Check EIU policy, which is _	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
L8606	Synthetic implnt urinary 1ml	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4115	Alloskin	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
L8612	Aqueous shunt prosthesis	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4117	Hyalomatrix	subject to pre-service review. Check EIU policy, which is _	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			

Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
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, which is
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4127	TALYMED PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4130	STRATTICE TM PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
P2031	Hair analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q2026	Radiesse injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review

EIU: Procedure/service not reimbursed by the Plan. Not  Q4134 hMatrix subject to pre-service review. Check EIU policy, which is	
one of our children's faith country (creer).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4135 Mediskin subject to pre-service review. Check EIU policy, which is	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4136 EZderm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4137 Amnioexcel biodexcel 1sq cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4138 Biodfence dryflex 1cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4139 Amnio or biodmatrix inj 1cc subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4140 Biodfence 1cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4141 Alloskin ac 1 cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4142 Xcm biologic tiss matrix 1cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4143 Repriza 1cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not  Q4145 Epifix inj 1mg subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	

Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4148	Neox neox rt or clarix cord	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4155	Neoxflo or clarixflo 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4156	Neox 100 or clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4157	Revitalon 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4158	Kerecis omega3 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4160	Nushield 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4162	Wndex flw bioskn flw 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4163	Woundex bioskin per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4105	Integra drt or omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, 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, 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, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not 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, which is one of our Clinical Payment and Coding Policy (CPCP).					
Q4171 Interfyl 1 mg subject to pre-service review. Check EIU policy, which is	4170 Cygn	gnus per sq cm	subject to pre-service review. Check EIU policy, which is	-	-
Q4173 Palingen or palingen xplus subject to pre-service review. Check EIU policy, which is	.4171 Inter	erfyl 1 mg	subject to pre-service review. Check EIU policy, which is	-	-
	.4173 Palin	lingen or palingen xplus	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4174 Palingen or promatrx subject to pre-service review. Check EIU policy, which is	.4174 Palin	lingen or promatrx	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4175 Miroderm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	.4175 Miro	roderm	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4176 Neopatch or therion per square centimeter subject to pre-service review. Check EIU policy, which is	.4176 Neop	opatch or therion per square centimeter	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4177 Floweramnioflo 0.1 cc subject to pre-service review. Check EIU policy, which is	.4177 Flow	weramnioflo 0.1 cc	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4178 Floweramniopatch per sq cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	.4178 Flow	weramniopatch per sq cm	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4179 Flowerderm per sq cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	.4179 Flow	werderm per sq cm	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4180 Revita per sq cm subject to pre-service review. Check EIU policy, which is  one of our Clinical Payment and Coding Policy (CPCP).	.4180 Revit	vita per sq cm	subject to pre-service review. Check EIU policy, which is	-	-
EIU: Procedure/service not reimbursed by the Plan. Not  Q4181 Amnio wound per square cm subject to pre-service review. Check EIU policy, which is	.4181 Amni	nnio wound per square cm	subject to pre-service review. Check EIU policy, which is	-	-

Q4182	Transcyte per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4183	Surgigraft 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4184	Cellesta or duo per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4188	Amnioarmor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
q cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
L sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
nio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
trix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
q cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
g/cc) 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
e 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
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Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	subject to pre-service review. Check EIU policy, 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, 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, which is one of our Clinical Payment and Coding Policy (CPCP).  Sq cm  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, 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, 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. 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Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service

Q4205	Membrane graft or wrap sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4208	Novafix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4210	Axolotl graf dualgraf sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4211	Amnion bio or axobio sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4215	Axolotl ambient cryo 0.1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4216	Artacent cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4217	Woundfix biowound plus xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4220	Bellacell HD Surederm sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4222	Progenamatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4224	Hhf10-p per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4225	Amniobind per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4227	Amniocore per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4229	Cogenex amnio memb per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4230	Cogenex flow amnion 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4233	Surfactor /nudyn per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4234	Xcellerate per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4235	Amniorepair or altiply sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4236	Carepatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4237	Cryo-cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4238	Derm-maxx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4239	Amnio-maxx or lite per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4240	Corecyte topical only 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4241	Polycyte topical only 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4242	Amniocyte plus per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4248	Dermacyte amn mem allo sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4249	Amniply per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4250	Amnioamp-mp per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4255	Reguard topical use per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4256	Mlg complet per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4259	Celera per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4260	Signature apatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4261	Tag per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4262	Dual layer impax per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).	-
Q4263	Surgraft tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-
Q4264	Cocoon membrane per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-

Q4265	Neostim tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4266	Neostim per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4114	Integra flowable wound matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4267	Neostim dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4268	Surgraft ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4122	Dermacell awm porous sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4269	Surgraft xt per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4128	Flexhd/allopatchhd/sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4270	Complete sI per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4132	Grafix core grafixpl core	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4271	Complete ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-

Q4133	Grafix stravix prime pl sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
Q5103	Injection inflectra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q5104	Injection renflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4154	Biovance 1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
S0117	Tretinoin topical 5 g	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0142	Colistimethate inh sol mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0157	Becaplermin gel 1% 0.5 gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
S0197	Prenatal vitamins 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0310	Hospitalist Visit	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S0320	RN telephone calls to DMP	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
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S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
S0622	Phys exam for college	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
Q4159	Affinity1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
S0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
S1001	Deluxe item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
S1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
S2117	Arthroereisis subtalar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	
S2120	Low Density Lipoprotein(Ldl)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	
S2300	Arthroscopy shoulder surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
Q5124	Inj. byooviz 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
Q5128	Inj cimerli 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	6/1/2023 _

S3600	Stat lab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_
52504	Challah hassa Isf	Non Covered: Procedure/service not covered by the	
S3601	Stat lab home/nf	Plan. Not subject to pre-service review.	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
S3650	Saliva test hormone level;	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
S3652	Saliva test hormone level;	subject to pre-service review. Check EIU policy, which is	_
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
S3900	Surface EMG	subject to pre-service review. Check EIU policy, which is	
33300	Surface LIVIO	one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our chinican ayment and coding roncy (cricily).	
C404F	Commiste IVE was assessed	Unlisted: Procedure/service not specifically defined or	
S4015	Complete IVF nos case rate	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
S0013	Esketamine nasal spray	Policy Criteria. Submit for Recommended Clinical Review	
	• ,	to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
S0800	Laser in situ keratomileusis	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S1091	Stent non-coronary propel	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S2083	Adjustment gastric band	Policy Criteria. Submit for Recommended Clinical Review _	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S2112	Knee arthroscp harv	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
63440	Tatal his year of a sing	MP Criteria: Procedure/service reviewed against Medical	
S2118	Total hip resurfacing	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
S2140	Cord blood harvesting	Policy Criteria. Submit for Recommended Clinical Review	
32140	Cord blood Harvesting	to avoid post-service review.	-
		Non Covered: Procedure/service not covered by the	
S4990	Nicotine patch legend	Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
S4991	Nicotine patch nonlegend	Plan. Not subject to pre-service review.	-
54005	Constitution	Non Covered: Procedure/service not covered by the	
S4995	Smoking cessation gum	Plan. Not subject to pre-service review.	-
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		Non Covered: Procedure/service not covered by the		
S5035	Hit Routine Device Maint	Plan. Not subject to pre-service review.		-
		Non Covered: Procedure/service not covered by the		
S5036	Hit Device Repair	Plan. Not subject to pre-service review.	- –	-
65400	A.d. II. da	Non Covered: Procedure/service not covered by the		
S5100	Adult daycare services 15min	Plan. Not subject to pre-service review.		-
654.04	Add to decree as the IC decree	Non Covered: Procedure/service not covered by the		
S5101	Adult day care per half day	Plan. Not subject to pre-service review.		-
CE 103	A dulk day save and diam	Non Covered: Procedure/service not covered by the		
S5102	Adult day care per diem	Plan. Not subject to pre-service review.		-
CE10E	Contarbased day save nardiam	Non Covered: Procedure/service not covered by the		
S5105	Centerbased day care perdiem	Plan. Not subject to pre-service review.	<del>-</del>	-
CE100	Homosoro train at 15 min	Non Covered: Procedure/service not covered by the		
S5108	Homecare train pt 15 min	Plan. Not subject to pre-service review.	<del>-</del>	-
S5109	Homocaro train nt cossion	Non Covered: Procedure/service not covered by the		
33109	Homecare train pt session	Plan. Not subject to pre-service review.	<del>-</del>	-
S5110	Family homecare training 15m	Non Covered: Procedure/service not covered by the		
33110	rainily homecare training 15m	Plan. Not subject to pre-service review.	<del>-</del>	-
S5111	Family homecare train/sessio	Non Covered: Procedure/service not covered by the		
33111	r armiy nomecare trainy sessio	Plan. Not subject to pre-service review.	<del>-</del>	-
S5115	Nonfamily homecare train/15m	Non Covered: Procedure/service not covered by the		
33113	Nomaning nomecare train, 15m	Plan. Not subject to pre-service review.	<del>-</del>	-
S5116	Nonfamily HC train/session	Non Covered: Procedure/service not covered by the		
33110	Nomaning He traing session	Plan. Not subject to pre-service review.	<del>-</del>	-
S5120	Chore services per 15 min	Non Covered: Procedure/service not covered by the		
33120	Chore services per 13 mm	Plan. Not subject to pre-service review.	- <del>-</del>	-
S5121	Chore services per diem	Non Covered: Procedure/service not covered by the		
33121	Chore services per diem	Plan. Not subject to pre-service review.	<del>-</del>	-
S5125	Attendant care service /15m	Non Covered: Procedure/service not covered by the		
00120	7.110.1100.110 001.0 001.1100 7.20.11	Plan. Not subject to pre-service review.	- <del>-</del>	-
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the		
	, , , , , , , , , , , , , , , , , , , ,	Plan. Not subject to pre-service review.	<del>-</del>	-
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
S5130	Homaker service nos per 15m	Unlisted or Undefined: Procedures/services not		-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
S5131	Homemaker service nos /diem	Unlisted or Undefined: Procedures/services not _	<u> </u>	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
S5135	Adult companioncare per 15m	Non Covered: Procedure/service not covered by the		
33133	Addit companioncare per 15m	Plan. Not subject to pre-service review.		-
S5136	Adult companioncare per diem	Non Covered: Procedure/service not covered by the		
33130	Addit companioned c per diem	Plan. Not subject to pre-service review.		-
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S5140	Adult foster care per diem	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
S5141	Adult foster care per month	Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
S5145	Child fostercare th per diem	Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
S5146	Ther fostercare child /month	Plan. Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the	
S5150	Unskilled respite care /15m		_
		Plan. Not subject to pre-service review.	
S5151	Unskilled respitecare /diem		_
		Plan. Not subject to pre-service review.	
S5160	Emer response sys instal&tst	Non Covered: Procedure/service not covered by the	
	<u> </u>	Plan. Not subject to pre-service review.	
S5161	Emer rspns sys serv permonth	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
S5162	Emer rspns system purchase	Non Covered: Procedure/service not covered by the	
55102		Plan. Not subject to pre-service review.	<del>-</del>
S5165	Home modifications per serv	Non Covered: Procedure/service not covered by the	
33103	Trome mounications per serv	Plan. Not subject to pre-service review.	
S5170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by the	
33170	Homedenvered prepared mean	Plan. Not subject to pre-service review.	_
S5175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by the	
33173	Lauridity Serv ext prof / Order	Plan. Not subject to pre-service review.	_
		Unlisted: Procedure/service not specifically defined or	
S5181	HH respiratory thrpy nos/day	classified, maybe subject to contract/clinical review.	_
CE 1 OF	NAS di usus in deu seu con un surte	Non Covered: Procedure/service not covered by the	
S5185	Med reminder serv per month	Plan. Not subject to pre-service review.	-
		Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
S5199	Personal care item nos each	Unlisted or Undefined: Procedures/services not	
		specifically defined or classified, maybe subject to	_
		contract/clinical review.	
		·	
S5497	HIT cath care noc	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
S2142	Cord blood-derived stem-cell	Policy Criteria. Submit for Recommended Clinical Review	
	SS. & S. SS. & GETTER STEIN CON	to avoid post-service review.	_
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		EIU: Procedure/service not reimbursed by the Plan. Not	
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	subject to pre-service review. Check EIU policy, which is _	_
		one of our Clinical Payment and Coding Policy (CPCP).	

\$8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
S8189	Trach supply noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
S8301	Infect control supplies NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
S8460	Camisole post-mast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
S2150	BMT harv/transpl 28d pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
\$8940	Hippotherapy per session	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
\$8990	Pt or manip for maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
S9001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
S9056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
\$9090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
S2230	Implant semi-imp hear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
S9125	Respite care in the home p	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.	-	_
S2235	Implant auditory brain imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
S2230 S9125	Implant semi-imp hear  Respite care in the home p	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - -	- - -

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Season I mining respector Plan. Not subject to pre-service review.  Season I camare class    Plan. Not subject to pre-service review.   Plan. Not subject			· • • • · · ·			
Seption   Lamace class   Non Covered: Procedure/service not covered by the	S9381	HIT high risk/escort	· · · · · · · · · · · · · · · · · · ·			
Page						
Childbirth refresher class   Non Cowerd: Procodure/service not covered by the	S9436	Lamaze class	•	_	_	
Cestrean birth class  Plan. Not subject to pre-sence review.  Plan. Not subject to pre						
Non Covered Procedure/service not covered by the Plan. Not Subject to pre-service review.  Service dass  Non Covered Procedure/service not covered by the Plan. Not Subject to pre-service review.  Service dass  Non Covered Procedure/service not specifically defined or classified, maybe subject to pre-service review.  Service dass  Non Covered Procedure/service not specifically defined or classified, maybe subject to pre-service review.  Service dass  Non Covered Procedure/service not specifically defined or classified, maybe subject to contract/folincal review.  Service dass  Non Covered Procedure/service not specifically defined or classified, maybe subject to contract/folincal review.  Service dass  Non Covered Procedure/service not specifically defined or classified, maybe subject to contract/folincal review.  Non Covered Procedure/service not specifically defined or classified, maybe subject to contract/folincal 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 reviewed against Medical 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 Covere	S9437	Childbirth refresher class	•	_	<u> </u>	
Seaf-Seaf-Order (Cases   Plan. Not subject to pre-service review.						
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	S9438	Cesarean birth class	· · · · · · · · · · · · · · · · · · ·	_	_	
Plan. Not subject to pre-service review.						
Set 1 Birthing class   Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service review.	S9439	VBAC class	•	_	-	
Septiming class   Plan. Not subject to pre-service review.						
Parenting class   Non Covered: Procedure/service not overed by the Plan. Not subject to pre-service review.   -   -   -   -	S9442	Birthing class	•	_	-	
S9445 PT education noc individ Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  PT education noc group Unlisted or Undefined: Procedure/service not covered by the Plan. Not subject to pre-service review.  9446 PT education noc group Unlisted or Undefined: Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  95447 Infant safety class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  95449 Weight mgmt class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  95450 Exercise class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  95451 Exercise class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  95454 Stress mgmt class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  95454 Stress mgmt class Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  9646 Plan. Not subject to pre-service review.  9756 Plan. Not subject to pre-service review.  976 Plan. Not subject to pre-service review.  976 Plan. Not subject to pre-service review.  977 Procedure/service not covered by the Plan. Not subject to pre-service review.  978 Plan. Not subject to pre-service review.  979 Plan. Not subject to pre-service review.  970 Plan. Not sub	CO444	Dougating along				
Seption of Contract/Clinical review.	59444	Parenting class	Plan. Not subject to pre-service review.	_	-	
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Plan. Not subject to pre-service review.  Plan ducation noc group  Unlisted or Undefined: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Service or classified, maybe subject to contract/clinical review.  Source or classified, maybe subject to contract/clinical review.  Source or classified, maybe subject to covered by the plan. Not subject to pre-service review.  Source or classified, maybe subject to greatly in Addition To Code for Primary Procedure/service not covered by the plan. Not subject to pre-service review.  Source or covered: Procedure/service not covered by the plan. Not subject to pre-service review.  Source or covered: Procedure/service not covered by the plan. Not subject to pre-service review.  Source or covered: Procedure/service not covered by the plan. Not subject to pre-service review.  Source or covered: Procedure/service reviewed against Medical Procedure/service reviewed.  Source or covered: Procedure/service reviewed against Medical Procedure/service reviewed.  Source or covered: Procedure/service reviewed against Medical Procedure			· • • • · · ·			
S9446 PT education not group Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.  S9447 Infant safety class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			Non Covered: Procedure/service not covered by the			
specifically defined or classified, maybe subject to contract/clinical review.  59447 Infant safety class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		PT education noc group				
S9447 Infant safety class   Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	S9446		· · · · · · · · · · · · · · · · · · ·	_	-	
Salat						
Infant safety class   Plan. Not subject to pre-service review.						
Section   Palan Not Subject to pre-service review.	S9447	Infant safety class	· · · · · · · · · · · · · · · · · · ·			
Plan. Not subject to pre-service review.					<del></del>	
S9451 Exercise class  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	S9449	Weight mgmt class	· · · · · · · · · · · · · · · · · · ·	_	_	
Space Street Str						
Systa Stress mgmt class  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	S9451	Exercise class	•	_	<u> </u>	
Stress mgmt class  Plan. Not subject to pre-service review.  Petoscop laser ther TTTS  Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Sy482  Family stabilization 15 min  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Sy542  HT inj noc per diem  Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  Sy542  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  System (List Separately In Addition To Code For Primary Procedure)  No rocedure)  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Procedure/service review against Medical  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical						
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  S9482 Family stabilization 15 min Nor Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S9542 HT inj noc per diem Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  S9542 Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review System System Clinical Review System System Clinical Review System Syste	S9454	Stress mgmt class	•	_	_	
S2411 Fetoscop laser ther TTTS Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  S9482 Family stabilization 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S9542 HT inj noc per diem Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  S2900 Surgical Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review Procedure)  MP Criteria: Procedure/service reviewed against Medical Incompl donor egg case rate  MP Criteria: Submit for Recommended Clinical Review Incompleted Clinical Review						
to avoid post-service review.  S9482 Family stabilization 15 min  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S9542 HT inj noc per diem  Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical Stock of Addition To Code For Primary Procedure)  MP Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical Stock of Addition To Code For Primary Policy Criteria Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical Stock of Addition To Code For Primary Policy Criteria Submit for Recommended Clinical Review Policy Criteria Submi	S2411	Fetoscop laser ther TTTS				
S9482 Family stabilization 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —				_	<del>-</del>	
S9542 HT inj noc per diem  Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review	50.400	- 1 . I . I	·			
Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review	59482	Family stabilization 15 min	Plan. Not subject to pre-service review.	_	-	
Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review			Unlisted: Presedure/service not specifically defined or			
Surgical Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review	S9542	HT inj noc per diem	•	_	_	
S2900 System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review			ciassified, maybe subject to contract/cliffical feview.			
Procedure) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical  S4023 Incompl donor egg case rate Policy Criteria. Submit for Recommended Clinical Review			·			٦
MP Criteria: Procedure/service reviewed against Medical S4023 Incompl donor egg case rate Policy Criteria. Submit for Recommended Clinical Review	S2900			_	_	
S4023 Incompl donor egg case rate Policy Criteria. Submit for Recommended Clinical Review		Procedure)				
to avoid post-service review.	S4023	Incompl donor egg case rate	_	_	_	
to divoid post service review.			to avoid post-service review.			

S9810	HT pharm per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S9900	Christian Sci Pract visit	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9970	Health club membership yr	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9976	Lodging per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not
S9977	Meals per diem	contract/clinical review.  Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not
S9981	Med record copy admin	contract/clinical review.  Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  ———————————————————————————————————
S9982	Med record copy per page	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9986	Not medically necessary svc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9988	Serv part of phase I trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9990	Services provided as part of	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9991	Services provided as part of	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9992	Transportation costs to and	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9996	Meals for clinical trial par	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9999	Sales tax	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
T1014	Telehealth transmit per min	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
T1505	Elec med comp dev noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Т1999	NOC retail items and supplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

T2012	Habil ed waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2013	Habil ed waiver per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2014	Habil prevoc waiver per d	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2015	Habil prevoc waiver per hr	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2016	Habil res waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2017	Habil res waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2018	Habil sup empl waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Т2020	Day habil waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2021	Day habil waiver per 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2024	Serv asmnt/care plan waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2025	Waiver service nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Т2026	Special childcare waiver/d	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Т2027	Spec childcare waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2028	Special supply nos waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Т2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

T2030	Assist living waiver/month	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2031	Assist living waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2032	Res care nos waiver/month	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2033	Res nos waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2034	Crisis interven waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2035	Utility services waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2036	Camp overnite waiver/session	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2038	Comm trans waiver/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2040	Financial mgt waiver/15min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2041	Support broker waiver/15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
T2101	Breast milk proc/store/dist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-	
T5999	Supply nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
V2025	Eyeglasses delux frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-	
V2199	Lens single vision not oth c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	

V2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V2629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
V2744	Tint photochromatic lens/es	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S4025	Donor serv IVF case rate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
S4026	Procure donor sperm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
V2799	Misc vision item or service	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not  specifically defined or classified, maybe subject to  contract/clinical review.
V5090	Hearing aid dispensing fee	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S4027	Store prev froz embryos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
V5267	Hearing aid sup/access/dev	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V5274	ALD unspecified	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V5287	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
V5299	Hearing service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S4030	Sperm procure init visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
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		MP Criteria: Procedure/service reviewed against Medical		
S4031	Sperm procure subs visit	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S4040	Monit store cryo embryo 30 d	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S8035	Magnetic source imaging	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S8930	Auricular electrostimulation	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S8948	Low-level laser trmt 15 min	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S9117	Back school visit	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
S9335	HT hemodialysis diem	Policy Criteria. Submit for Recommended Clinical Review		
	•	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
S9472	Cardiac rehabilitation progr	Policy Criteria. Submit for Recommended Clinical Review		
	, 3	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
S9558	HT inj growth horm diem	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S9562	HT inj palivizumab diem	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
V2787	Astigmatism-correct function	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
V2788	Presbyopia-correct function	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
V5095	Implant mid ear hearing pros	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
V5362	Speech Screening	Policy Criteria. Submit for Recommended Clinical Review _	_	_
	<del>-</del>	to avoid post-service review.	_	<del>_</del>
		MP Criteria: Procedure/service reviewed against Medical		
V5363	Language Screening	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
64555	IMPLANT NEUROELECTRODES	to avoid post-service review. 7/15/2023	12/31/2999	_
			· · · · · · · · · · · · · · · · · · ·	

		MP Criteria: Procedure/service reviewed against Medical	
		·	
64575	OPN IMPLTJ NEA PERPH NERVE	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 7/15/2023 12/31/299	_
04575	OPN IIVIPLIJ NEA PERPH NERVE		9
		MP Criteria: Procedure/service reviewed against Medical	
C4500	INICAT (DED O DA) (CACED CEINALI)	Policy Criteria. Submit for Recommended Clinical Review	_
64590	INSRT/REDO PN/GASTR STIMUL	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
64.030	Consistence of the bottom	Policy Criteria. Submit for Recommended Clinical Review	_
C1820	Generator neuro rechg bat sy	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
C1822	Gen neuro hf rechg bat	to avoid post-service review. 7/15/2023 12/31/299	9
		Non Covered: Procedure/service not covered by the	
J1726	Makena 10 mg	Plan. Not subject to pre-service review. 7/15/2023 12/31/299	9 –
		Non Covered: Procedure/service not covered by the	
J1729	Inj hydroxyprogst capoat nos	Plan. Not subject to pre-service review. 7/15/2023 12/31/299	9 –
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
L8678	Ext sply implt neurostim	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8679	Imp neurosti pls gn any type	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8680	Implt neurostim elctr each	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8681	Pt prgrm for implt neurostim	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8682	Implt neurostim radiofq rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8683	Radiofq trsmtr for implt neu	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8685	Implt nrostm pls gen sng rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8686	Implt nrostm pls gen sng non	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8687	Implt nrostm pls gen dua rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8688	Implt nrostm pls gen dua non	to avoid post-service review. 7/15/2023 12/31/299	9
		·	

		MP Criteria: Procedure/service reviewed against Medical
10000	Estamal makeus aus intern	Policy Criteria. Submit for Recommended Clinical Review
L8689	External recharg sys intern	to avoid post-service review. 7/15/2023 12/31/2999
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
L8695	External recharg sys extern	to avoid post-service review. 7/15/2023 12/31/2999
		MP Criteria: Procedure/service reviewed against Medical
J9029	Inj adstiladrin per tx dos	Policy Criteria. Submit for Recommended Clinical Review 8/1/2023 12/31/2999
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
J9381	Inj teplizumab mzwv 5 mcg	to avoid post-service review. 8/1/2023 12/31/2999
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
J1576	Inj panzyga 500 mg	to avoid post-service review. 8/1/2023 12/31/2999
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
J2329	Inj ublituximab-xiiy 1 mg	to avoid post-service review. 8/15/2023 12/31/2999
	, ,	MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
C9786	Echo cad for hf preserved ef	to avoid post-service review. 8/1/2023 12/31/2999
63.66	25.10 Gad 10. III presented e.	
		EIU: Procedure/service not reimbursed by the Plan. Not
		subject to pre-service review. Check EIU policy, which is
Q4284	Dermabind sl per sg cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999
Q4204	Dermabilia si per sq cili	MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
Q4283	Biovance tri or 31 sq cm	
Q4265	biovalice til of St. Sq till	to avoid post-service review. 8/15/2023 12/31/2999
		EIU: Procedure/service not reimbursed by the Plan. Not
		subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
Q4282	Cygnus dual per sq cm	12/1/2023 12/31/2999
		EIU: Procedure/service not reimbursed by the Plan. Not
		subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CDCP)
Q4281	Barrera slor dl per sq cm	12/1/2023 12/31/2999
		EIU: Procedure/service not reimbursed by the Plan. Not
		subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CDCP)
Q4280	Xcell amnio matrix per sq cm	12/1/2023 12/31/2999
		EIU: Procedure/service not reimbursed by the Plan. Not
		subject to pre-service review. Check EIU policy, which is
Q4278	Epieffect per sq cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999

		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
Q4277	Woundplus e-grat per sq cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
~12//	Troditapias e grat per sq citi		
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
Q4276	Orion per sq cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
Q4270	Official per sq citi	12/1/2025 12/31/2333	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
Q4275	Esano aca per sq cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
Q4273	Esano aca per sq cm	12/1/2025 12/31/2333	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
Q4274	Esano ac per sq cm	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
Q42/4	Esano ac per sy citi	12/1/2023 12/31/2399	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	<u>_</u>
Q4273	Econo ana nor ca em	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
Q4273	Esano aaa per sq cm	12/1/2023 12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	<u>_</u>
Q4272	France norse em	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/2999	
Q4272	Esano a per sq cm	MP Criteria: Procedure/service reviewed against Medical	
J3396	Vartanarfin injection	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 8/15/2023 12/31/2999	_
15590	Verteporfin injection	to avoid post-service review. 8/15/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	
J0179	Ini brolucizumah dhll 1 mg	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 8/15/2023 12/31/2999	_
10179	Inj brolucizumab-dbll 1 mg	to avoid post-service review. 8/15/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	
		•	
10170	Aflibaraant injection	Policy Criteria. Submit for Recommended Clinical Review	_
J0178	Aflibercept injection	to avoid post-service review. 8/15/2023 12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
C079E	Endo outlot rostrict/tho	one of our Clinical Payment and Coding Policy (CPCP).	
C9785	Endo outlet restrict w/tube	12/1/2023 12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
C0704	Fords also as south to the	one of our Clinical Payment and Coding Policy (CPCP)	
C9784	Endo sleeve gastro w/tube	- 12/1/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	Retire effective
00000	LIVENIOTHERABY	Policy Criteria. Submit for Recommended Clinical Review	04/30/2024
90880	HYPNOTHERAPY	to avoid post-service review. 8/1/2023 4/30/2024	
		MP Criteria: Procedure/service reviewed against Medical	
67027	INADI ANT EVE DDI 10 CVCTENA	Policy Criteria. Submit for Recommended Clinical Review	_
67027	IMPLANT EYE DRUG SYSTEM	to avoid post-service review. 8/15/2023 12/31/2999	

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
0809T	ARTHRD SI JT PRQ TFX&IMPLT	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
0545T	TCAT TV ANNULUS RCNSTJ		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
05.00	TTVD DEDG ADDD 46T DDGGTU	Policy Criteria. Submit for Recommended Clinical Review	0 /4 /0000	12/21/2022	_
0569T	TTVR PERQ APPR 1ST PROSTH	to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.			_
0570T	TTVR PERQ EA ADDL PROSTH	•	9/1/2023	12/31/2999	
03701	TIVILI ENGLA ADDET NOSTIT		5/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
		to avoid post-service review.			
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	<u> </u>	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.			_
0601T	IRE ABLTJ 1+TUMORS OPEN	g	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
0740T	REM AUTON ALG NSLN CAL SETUP	to avoid post-service review.	9/1/2023	12/31/2999	
		MD Citation December 1 to the standard Madical			
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
		to avoid post-service review.			
0741T	REM AUTON ALG NSLN DATA COLL	g	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
98978	REM THER MNTR DEV SPLY CBT	<u>`</u>	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
A 42.41	Idua valvo matinet re-el	Policy Criteria. Submit for Recommended Clinical Review	11/15/2022	13/31/3000	_
A4341	Iduc valve pat inst repl	to avoid post-service review.	11/15/2023	12/31/2999	

		14B C ::			
		MP Criteria: Procedure/service reviewed against Medica			
4242	Idua valvo calv rani	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	-
A4342	Iduc valve sply repl	to avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	ı		
	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMAN)	to avoid post-service review.			
J7183	WILATE 1 I.U. VWF:RCO	<u> </u>	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	I		
J3111	Inj. romosozumab-aggg 1 mg	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
33111	ту. тотпозоватная ачучь в ть	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	7100 enecuve 03/01/2021
		Policy Criteria. Submit for Recommended Clinical Review			
J2796	Romiplostim injection	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	I		
J2354	Octreotide inj non-depot	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	I		
J2353	Octreotide injection depot	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review			
J1930	Lanreotide injection	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	I		
J0485	Belatacept injection	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	I		_
0597T	TEMP FML IU VALVE-PMP RPLCMT	to avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medica	ı		
		Policy Criteria. Submit for Recommended Clinical Review			
0596T	TEMP FML IU VLV-PMP 1ST INSJ	to avoid post-service review.	11/15/2023	12/31/2999	_
03301	TEINI TIMETO VEV TIVII 151 IN33	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review			
50073	LIMARILICAL CORD OCCULID W/UC	to avoid post-service review.		12/21/2000	_
59072	UMBILICAL CORD OCCLUD W/US	MP Criteria: Procedure/service reviewed against Medica	10/1/2023	12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review			
59076	FETAL SHUNT PLACEMENT W/US	to avoid post-service review.	, 10/1/2023	12/31/2999	-
33070	. ETTLE STICKT TE CELTRENT W/ 03	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review			
S2400	Fotal cura congon harnia	to avoid post-service review.		12/31/2999	-
32400	Fetal surg congen hernia	MP Criteria: Procedure/service reviewed against Medica	10/1/2023	12/31/233	
		Policy Criteria. Submit for Recommended Clinical Review			
S2401	Fetal surg urin trac obstr	to avoid post-service review.	, 10/1/2023	12/31/2999	-
32701	. Ctai sai & ai iii ti ac obsai	to avoid post-service review.	10/ 1/ 2023	12,01,233	

		wip criteria. Procedure/service reviewed against inedical Policy Criteria. Submit for Recommended Clinical Review			
S2402	Fetal surg cong cyst malf	The Criteria: Submit for Recommended Clinical Review  The Criteria: Frocedoare/Service reviewed against injectical	10/1/2023	12/31/2999	-
S2403	Fetal surg pulmon sequest	Policy Criteria. Submit for Recommended Clinical Review	10/1/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.			-
S2404	Fetal surg myelomeningo		10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	,		-
S2405	Fetal surg sacrococ teratoma	MP Criteria: Procedure/service reviewed against Medical	10/1/2023	12/31/2999	
S2409	Fetal surg noc	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-
L5991	Add to lower ext prostheses, osseointegrated ext prost connector	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
E0490	Power source/control electronics unit for oral device/appliance for neuro musc elec stim tongue muscle	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
E0491	Oral device/appliance for neuro musc elec stim tongue muscle, 90-day supply	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
K1036	Supplies/accessories low freq ultrasonic diathermy per month	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4285	Nudyn dl or nudyn dl mesh, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4286	Nudyn sl or nudyn slw, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-

A2022	Innovaburn or innovamatrix xl, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	023 12/31/2999	-
A2023	Innovamatrix pd, 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	023 12/31/2999	-
A2024	Resolve matrix, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	023 12/31/2999	-
A2025	Miro3d, per cubic cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-
A4560	Nmes disposable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	024 12/31/2999	Add effective 1/15/2024
C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/1/20		_
A4560	Nmes disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2023 1/14/2024	Add effective 10/15/2023 Retire effective 01/14/2024
95982	IO GA N-STIM SUBSQ W/REPROG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/1/20		-
J0174	Inj lecanemab-irmb 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  9/15/20	023 12/31/2999	-
K1017	Monthly supp use with k1016	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2 MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	-
K1016	Trans elec nerv for trigemin	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2  MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	-
J0741	Inj cabote rilpivir 2mg 3mg	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2  MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	-
J0739	Injection cabotegravir 1 mg	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2	2023 3/14/2024	retire effective 03/14/2024

0322U	NEURO ASD MEAS 14 ACYL CARN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 2/1/2024	Add effective 10/15/2023 Retire effective 02/01/2024
0322U	NEURO ASD MEAS 14 ACYL CARN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  2/1/2024  12/31/2999	Add effective 02/01/2024
95981	IO ANAL GAST N-STIM SUBSQ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/1/2023 12/31/2999	-
E0746	Electromyograph biofeedback	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 11/1/2023 12/31/2999	-
93264	REM MNTR WRLS P-ART PRS SNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 12/31/2999	-
33289	TCAT IMPL WRLS P-ART PRS SNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 12/31/2999 MP Criteria: Procedure/service reviewed against Medical	-
0422T	TACTILE BREAST IMG UNI/BI	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 11/15/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	-
0332T	HEART SYMP IMAGE PLNR SPECT	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 11/15/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	-
0072T	US LEIOMYOMATA ABLATE >200	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	-
0071T	US LEIOMYOMATA ABLATE <200	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	-
C9734	U/S trtmt not leiomyomata	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	-
64624	DSTRJ NULYT AGT GNCLR NRV	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	Add effective 12/1/2023
0072T	FCSD US ABLTJ LEIOMYOM>=200	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023 12/31/2999 MP Criteria: Procedure/service reviewed against Medical	Add effective 12/1/2023
0200T	PERQ SACRAL AUGMT UNILAT INJ	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 1/1/2024 12/31/2999 MP Criteria: Procedure/service reviewed against Medical	Add effective 1/1/2024
0201T	PERQ SACRAL AUGMT BILAT INJ	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 1/1/2024 12/31/2999	Add effective 1/1/2024

		MP Criteria: Procedure/service reviewed against Medical		
0071T	US LEIOMYOMATA ABLATE <200	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2023	12/31/2999 Add effective 12/2	1/2023
0546T	RF SPECTRSC NTRAOP MRGN ASMT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 1/1/2024	12/31/2999 Add effective 01/0	1/2024
0369U	IADNA GI PTHGN 31 ORG&21 ARG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024	Add effective 02/0 Retire effective 5/14/2024 05/14/2024	1/2024
0369U	IADNA GI PTHGN 31 ORG&21 ARG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024	Add effective 12/31/2999 05/015/2024	
0201T	PERQ SACRAL AUGMT BILAT INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 1/1/2024	12/31/2999 Add effective 01/0	1/2024
0200T	PERQ SACRAL AUGMT UNILAT INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 1/1/2024	12/31/2999 Add effective 01/0	1/2024
0494T	PREP & CANNULI CDVR DON LUNG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024	12/31/2999 Add effective 02/0	1/2024
0495T	MNTR CDVR DON LNG 1ST 2 HRS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024	12/31/2999 Add effective 02/0	01/2024
0496T	MNTR CDVR DON LNG EA ADDL HR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024	12/31/2999 Add effective 02/0	01/2024
L8603	Collagen imp urinary 2.5 ml	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  5/15/2024	12/31/2999 Add effective 05/1	.5/2024
Q2049	Imported Lipodox inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 4/1/2024	12/31/2999 Add effective 04/01/2024	
22836	ANT THRC VRT BODY TETHRG <7	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024	12/31/2999 Add effective 05/1	.5/2024

		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
22837	ANT THRC VRT BODY TETHRG 8+	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
22838	REV RPLC/RMV THRC VRT TETHRG	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
		3/13/20	12/31/2333	
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
27278	ARTHRD SI JT PRQ WO TFXJ DEV	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
31242	NSL/SINUS NDSC RF ABLTJ PNN	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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31243	NSL/SINUS NDSC CRYOABLTJ PNN	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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33276	INSJ PHRNC NRV STIM SYS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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33277	INSJ PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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33278	RMVL PHRNC NRV STIM SYS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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22270	DANYI DUDANC NIDVI CTINA TDANICVAIC	subject to pre-service review. Check EIU policy, which is	20 / 20 / 20 20	Add off+: OF /45 /2024
33279	RMVL PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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33280	RMVL PHRNC NRV STIM PG ONLY	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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22201	DEDOCC DUDNIC NOVICTINA TRAICIAN	subject to pre-service review. Check EIU policy, which is		Add off 05/45/2024
33281	REPOSG PHRNC NRV STIM TRNSVN	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024
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33287	RMV&RPLCMT PHRNC NRV STIM PG	one of our Clinical Payment and Coding Policy (CPCP). 5/15/20	24 12/31/2999	Add effective 05/15/2024

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33288	RMV&RPLCMT PHRNC NRV STIM LD	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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52284	CYSTO RX BALO CATH URTL STRX	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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53855	INSERT PROST URETHRAL STENT	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	E /4 E /2024	42/24/2000	Add effective 05/15/2024
33033	INSERT PROST ORETHRAL STEINT	one of our chilical rayinent and county force).	5/15/2024	12/31/2999	Add effective 05/15/2024
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93150	THERAPY ACTIVATION IPNSS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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93151	INTERROG&PRGRMG IPNSS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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93152	INTERROG&PRGRMG IPNSS POLYSM	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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0790T	REVJ RPLCMT/RMVL VRT TETHRG	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
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Pegunigalsidase alfa-iwxj  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review.  Inj roctavian ml 2x10^13vc g  Add effective 02/15/2024  12/31/2999  Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Inj roctavian ml 2x10^13vc g  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 12/31/2999 Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. 2/15/2024 12/31/2999 Add effective 02/15/2024  Inj roctavian ml 2x10^13vc g to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. 2/15/2024 12/31/2999 Add effective 02/15/2024  Inj roctavian ml 2x10^13vc g to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
Inj delandistrogene mox rokl  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. 2/15/2024 12/31/2999  Add effective 02/15/2024  Inj roctavian ml 2x10^13vc g  Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review  to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
11412 Inj roctavian ml 2x10^13vc g to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
11412 IIIJ TOCCAVIAN IIII ZX10**15VC g . Z/15/2024 12/51/2999 Add Circuite 02/15/2024
MP Criteria: Procedure/service reviewed against Medical
Policy Critaria Submit for Pacammandad Clinical Paviau
Policy Criteria. Submit for Recommended Clinical Review  to avoid post-service review. 2/15/2024 12/21/2000 Add effective 02/15/2024
1304 Inj tofersen intrathec 1 mg to avoid post-service review. 2/15/2024 12/31/2999 Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medical Add effective 02/15/2024
Policy Criteria. Submit for Recommended Clinical Review  Retire effective
to avoid post-service review. 2/15/2024 5/14/2024 05/14/2024
E3000 Speech volume modulation sys to avoid post-service review. 2/15/2024 5/14/2024 05/14/2024
Speech volume modulation sys . 2/15/2024 5/14/2024 5/14/2024
MP Criteria: Procedure/service reviewed against Medical
Speech volume modulation sys . 2/15/2024 5/14/2024 50/14/2021

E0734	Ext up limb tremor stim wris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
E0733	Trans elec nerv for trigemin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/299	Add effective 02/15/2024
E0732	Ces system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
E0682	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999	Add effective 02/15/2024
10002	non pricam compress tan arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	, , , , , , , , , , , , , , , , , , , ,
E0681	Non pneu comp control w/o ca	to avoid post-service review. 2/15/2024 12/31/2999  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	Add effective 02/15/2024
E0680	Non pneum comp control cal	to avoid post-service review. 2/15/2024 12/31/2999	Add effective 02/15/2024
E0679	Non pneum seq comp half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999	9 Add effective 02/15/2024
E0678	Non pneum seg comp full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999	9 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
C9782	Blind myocar trpl bon marrow	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
C9160	Inj daxibotulinumtoxina-lanm	to avoid post-service review. 5/15/2024 12/31/2999  MP Criteria: Procedure/service reviewed against Medical	Add effective 05/15/2024
C2623	Cath translumin drug-coat	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024 12/31/2999	Add effective 02/1/2024
C1832	Auto cell process sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/1/2024 5/14/2024	Add effective 02/1/2024 Retire effective 05/14/2024

		MP Criteria: Procedure/service reviewed against Medical			
A9291	Pres dig cog behav thera fda	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/1/2024
A4542	Supp ext up limb tremor stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
A4541	Monthly supp use with e0733	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
A4540	Trans elec nerv periph nerv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
97037	APPL MODALITY 1+LLLT PO PAIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
93153	INTERROG W/O PRGRMG IPNSS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93152	INTERROG&PRGRMG IPNSS POLYSM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93151	INTERROG&PRGRMG IPNSS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93150	THERAPY ACTIVATION IPNSS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
75894	X-RAYS TRANSCATH THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/1/2024
67516	SPRCHOROIDAL SPC NJX RX AGT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
64597	INS/RPLCM PRQ ELTRD RA PN EA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024

		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
64596	INS/RPLCMT PRQ ELTRD RA PN 1	to avoid post-service review. 2/15/2024 12/31/2	999 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
61892	RMV SK-MNT CRNL NSTM PG/RCVR	to avoid post-service review. 2/15/2024 12/31/20	999 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
61891	REV/RPLCMT SK-MNT CRNL NSTM	to avoid post-service review. 2/15/2024 12/31/20	999 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
61889	INS SK-MNT CRNL NSTM PG/RCVR	to avoid post-service review. 2/15/2024 12/31/20	999 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
61645	PERQ ART M-THROMBECT &/NFS	to avoid post-service review. 2/1/2024 12/31/20	999 Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
58580	TRANSCRV ABLTJ UTRN FIBRD RF	to avoid post-service review. 2/15/2024 12/31/20	999 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
52284	CYSTO RX BALO CATH URTL STRX	to avoid post-service review. 2/15/2024 5/14/20.	24 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
33288	RMV&RPLCMT PHRNC NRV STIM LD	to avoid post-service review. 2/15/2024 5/14/20	24 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
33287	RMV&RPLCMT PHRNC NRV STIM PG	to avoid post-service review. 2/15/2024 5/14/20	24 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
33281	REPOSG PHRNC NRV STIM TRNSVN	to avoid post-service review. 2/15/2024 5/14/20.	24 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
33280	RMVL PHRNC NRV STIM PG ONLY	to avoid post-service review. 2/15/2024 5/14/20.	24 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	Retire effective
33279	RMVL PHRNC NRV STIM TRANSVNS	to avoid post-service review. 2/15/2024 5/14/20.	24 05/14/2024

33278	RMVL PHRNC NRV STIM SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33277	INSJ PHRNC NRV STIM TRANSVNS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33276	INSJ PHRNC NRV STIM SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
31243	NSL/SINUS NDSC CRYOABLTJ PNN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
31242	NSL/SINUS NDSC RF ABLTJ PNN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
29867	ALLGRFT IMPLNT KNEE W/SCOPE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 12/31/2999	Add effective 02/15/2024
27278	ARTHRD SI JT PRQ WO TFXJ DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
22838	REV RPLC/RMV THRC VRT TETHRG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
22837	ANT THRC VRT BODY TETHRG 8+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
22836	ANT THRC VRT BODY TETHRG <7	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
0790Т	REVJ RPLCMT/RMVL VRT TETHRG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
0308T	INSJ OCULAR TELESCOPE PROSTH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/2999	Add effective 02/15/2024

		MP Criteria: Procedure/service reviewed against Medical			
S8040	Topographic brain mapping	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
Q4304	Grafix plus per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 03/15/2024
Q4303	Complete aa per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4303	Complete aa per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4302	Complete aca per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4302	Complete aca per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4301	Activate matrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4301	Activate matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4300	Acesso tl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4300	Acesso tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4299	Amnicore pro+ per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	ı	6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4299	Amnicore pro+ per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024

Q4298	Amnicore pro per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4298	Amnicore pro per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4297	Emerge matrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4297	Emerge matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4296	Rebound matrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4296	Rebound matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4295	Amnio tri-core per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4295	Amnio tri-core per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4294	Amnio quad-core per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4294	Amnio quad-core per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4293	Acesso dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4293	Acesso dl per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 03/15/2024
		to avoid post-service review.			Retire effecitve
Q4292	Lamellas per sq cm	,	3/15/2024	6/30/2024	06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4292	Lamellas per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 03/15/2024
0.4204	La conflict of the control of	to avoid post-service review.	2/45/2024	C /20 /2024	Retire effective
Q4291	Lamellas xt per sq cm		3/15/2024	6/30/2024	06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4291	Lamellas xt per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			A 1 1 CC
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 03/15/2024
Q4290	Membrane wrap hydr per sq cm	to avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
Q+230	Membrane wrap nyur per sq cm		3/ 13/ 2024	0/30/2024	00/ 30/ 2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4290	Membrane wrap hydr per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			Add - (f - 1) - 02 /45 /2024
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 03/15/2024 Retire effecitve
Q4289	Revoshield+ amnio per sq cm	to avoid post-service review.	3/15/2024	6/30/2024	06/30/2024
Q 1203	nevosment unimo per sq ent		J, 1J, 2027	0,00,2027	00, 30, 2027
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
Q4289	Revoshield+ amnio per sq cm	one of our Chinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			Add offortive 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 03/15/2024 Retire effecitve
Q4288	Dermabind ch per sq cm	to avoid post-service review.	3/15/2024	6/30/2024	06/30/2024
41200	permanna en per sq em		3/ 13/ 2027	0,50,2027	00,00,2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4288	Dermabind ch per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024

Q4287	Dermabind dl per sq cm	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4287	Dermabind dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
Q4279	Vendaje ac per sq cm	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 03/15/2024 Retire effecitve 06/30/2024
Q4279	Vendaje ac per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
J7183		MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J3111	Inj. romosozumab-aqqg 1 mg	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
J2796	Romiplostim injection	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
J2354	Octreotide inj non-depot	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
J2353	Octreotide injection depot	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
J1930	Lanreotide injection	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
J0485	Belatacept injection	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	4/1/2024	12/31/2999	Add effective 04/01/2024
E0530	Electronic posa treatment	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review	3/1/2024	12/31/2999	Add effective 03/01/2024
E0493	Oral dv/app neuromus mouthpi	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review	3/1/2024 I	12/31/2999	Add effective 03/01/2024
E0492	Control unit nm stim w phone	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is			
C9796	Rpr intst excl anrect fist	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	,		
C9161	Inj aflibercept hd 1 mg	to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review			
C1778		to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			
A2026	Restrata minimatrix 5 mg	, , , ,	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			· · · · · · · · · · · · · · · · · · ·
		Policy Criteria. Submit for Recommended Clinical Review			
95962	ELECTRODE STIM BRAIN ADD-ON	to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
		Policy Criteria. Submit for Recommended Clinical Review			
92972	PERQ TRLUML CORONRY LITHOTRP	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			· · · · · · · · · · · · · · · · · · ·
		Policy Criteria. Submit for Recommended Clinical Review			
92623	DX ALY AUD OI SND PRCSR EACH	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			· · · · · · · · · · · · · · · · · · ·
00.000	DV ALV ALID OLGUD DDGGD 4GT	Policy Criteria. Submit for Recommended Clinical Review		10/04/0000	
92622	DX ALY AUD OI SND PRCSR 1ST	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
64560	0011111011110011111011111010	Policy Criteria. Submit for Recommended Clinical Review		10/04/0000	
64568	OPN IMPLTJ CRNL NRV NEA&PG	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			· · · · · · · · · · · · · · · · · · ·
CAECC	NEUROELTRO CTIMA DOCT TIRIAL	Policy Criteria. Submit for Recommended Clinical Review		42/24/2000	A dal official to 04/04/2024
64566	NEUROELTRD STIM POST TIBIAL	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		Add effective 05/15/2024
		Policy Criteria. Submit for Recommended Clinical Review	,		Retire effective
61783	SCAN PROC SPINAL	to avoid post-service review.	5/15/2024	6/30/2024	06/30/2024
01/83	SCAN PROC SPINAL		3/13/2024	0/30/2024	06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
61783	SCAN PROC SPINAL	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
01763	SCAIN FROC SFINAL	MP Criteria: Procedure/service reviewed against Medica	· · ·	12/31/2333	Add effective 07/01/2024
		Policy Criteria. Submit for Recommended Clinical Review			
42950	RECONSTRUCTION OF THROAT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
72330	RECONSTRUCTION OF THROAT	MP Criteria: Procedure/service reviewed against Medica		12/31/233	Add Cirective 04/01/2024
		Policy Criteria. Submit for Recommended Clinical Review			
42145	REPAIR PALATE PHARYNX/UVULA	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
12173	NEI AIN I AEATE I HANTINA O VOLA	ιο ανοία μοσί-σει νίσε Γενίενν.	1/ 1/ 2027		/ tad circuive 04/01/2024

		MP Criteria: Procedure/service reviewed against Medical	l		
		Policy Criteria. Submit for Recommended Clinical Review			
42140	EXCISION OF UVULA	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
41530	TONGUE BASE VOL REDUCTION	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
21246	RECONSTRUCTION OF JAW	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
21245	RECONSTRUCTION OF JAW	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
21244	RECONSTRUCTION OF LOWER JAW	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
21083	PREPARE FACE/ORAL PROSTHESIS	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
0864T	LOW NTSTY ESWT CORPUS CVRNSM	to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	= /. /2.2.		
0864T	LOW NTSTY ESWT CORPUS CVRNSM		7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
00.03	DI CL DC MACC LA TRAIGNATH CANAY	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add -fftime 04/01/2024
0863T	RLCJ PG WCS LV TRNSMTR ONLY	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
00.637	DI CL DC MACC LV DATTEDY ONLY	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add offortive 04/01/2024
0862T	RLCJ PG WCS LV BATTERY ONLY	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	4/1/2024	12/31/2999	Add effective 04/01/2024
0001T	DAAM DC MCC IN DOTH CONADNIT	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add effective 04/01/2024
0861T	RMVL PG WCS LV BOTH COMPNT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			Add effective 05/15/2024
		Policy Criteria. Submit for Recommended Clinical Review			Retire effective
0818T	REVJ/RMVL INS PTN SUBQ	to avoid post-service review.	5/15/2024	6/30/2024	06/30/2024
00101	REVIJ/RIVIVE IINS P IIN SUBQ		3/13/2024	0/30/2024	00/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0818T	REVJ/RMVL INS PTN SUBQ	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
00101	ILEVI MIVIVE HIVS FIN SODQ		7/1/2024	12/31/2333	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			Add effective 05/15/2024
		Policy Criteria. Submit for Recommended Clinical Review			Retire effective
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	to avoid post-service review.	5/15/2024	6/30/2024	06/30/2024
00101	OT IN INSTITUTE THE SOURCE		3/ 13/ 2024	0/30/2024	00/ 30/ 2027

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medica	ıl .		
		Policy Criteria. Submit for Recommended Clinical Review	v		
0813T	EGD VOL ADJMT BARIATRIC BALO	to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
00407	SOR VOLARINAT RADIATRIO RAVO	one of our Clinical Payment and Coding Policy (CPCP).	7/4/2024	12/21/2002	A d d official to 07/04/2024
0813T	EGD VOL ADJMT BARIATRIC BALO		7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
07007	FLEC ALV CDV HAIC CD/CA C ALDV	Policy Criteria. Submit for Recommended Clinical Review		42/24/2000	Add offertive 04/01/2024
0789T	ELEC ALY CPX IINS SP/SAC NRV	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
0788T	ELEC ALV SMD HINS SD/SAC NDV	Policy Criteria. Submit for Recommended Clinical Review	4/1/2024	12/21/2000	Add effective 04/01/2024
0/881	ELEC ALY SMP IINS SP/SAC NRV	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica		12/31/2999	Add effective 04/01/2024
		Policy Criteria. Submit for Recommended Clinical Review			
0787T	REVJ/RMVL NEA SAC W/NSTIM	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
0/8/1	REVIJINIVIENEA SAC WYNSTIWI	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	Add effective 04/01/2024
		Policy Criteria. Submit for Recommended Clinical Review			
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
07001	masy in committee in the internal	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	7 tad effective 6 1/6 1/202 1
		Policy Criteria. Submit for Recommended Clinical Review			
0785T	REVJ/RMVL NEA SPI W/NSTIM	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Policy Criteria. Submit for Recommended Clinical Review			
0784T	INS/RPLMT ELTRD RA SPI NSTIM	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica	nl .		
		Policy Criteria. Submit for Recommended Clinical Review			
0619T	CYSTO W/PRST8 COMMISSUROTOMY	to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			
0619T	CYSTO W/PRST8 COMMISSUROTOMY		7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
		Policy Criteria. Submit for Recommended Clinical Review			
0418T	INTERRO EVAL CARDIAC MODULI	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
04177	DDCDMC FVAL CADDIAC MACDILL	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add offortive 04/04/2024
0417T	PRGRMG EVAL CARDIAC MODULI	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
0416T	DELOC SKIN DOCKET DIS GENI	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add offortive 04/01/2024
0416T	RELOC SKIN POCKET PLS GEN	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024

		MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review			
0415T	REPOS CAR MODULI TRANVNS ELT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
04131	REI OS CAR MODOLI MARVINS ELI	MP Criteria: Procedure/service reviewed against Medica		12/31/2333	7100 01100110 0 170172021
		Policy Criteria. Submit for Recommended Clinical Review			
0414T	RMVL & RPL CAR MODULJ PLS GN	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review	,		
0413T	RMVL CAR MODULI TRANVNS ELT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
		Policy Criteria. Submit for Recommended Clinical Review			
0412T	RMVL CARDIAC MODULJ PLS GEN	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
0411T	INSJ/RPLC CAR MODULJ VNT ELT	Policy Criteria. Submit for Recommended Clinical Review	4/1/2024	12/31/2999	Add effective 04/01/2024
04111	INSTARLE CAR MODULI VIVI ELI	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica		12/31/2999	Add effective 04/01/2024
ı		Policy Criteria. Submit for Recommended Clinical Review			
0410T	INSJ/RPLC CAR MODULJ ATR ELT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica		==, ==, ===	
		Policy Criteria. Submit for Recommended Clinical Review			
0409T	INSJ/RPLC CAR MODULJ PLS GN	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica	I		
		Policy Criteria. Submit for Recommended Clinical Review			
0408T	INSJ/RPLC CARDIAC MODULJ SYS	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the			
Q4305		Plan. Not subject to pre-service review. Check EIU			
Q4303		policy, which is one of our Clinical Payment and			Add effective
	Amer am ac tri-lay per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
		EIU: Procedure/service not reimbursed by the			
		Plan. Not subject to pre-service review. Check EIU			
Q4306		policy, which is one of our Clinical Payment and			Add effective
	Americ amnion ac per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
	· · ·	EIU: Procedure/service not reimbursed by the			
		Plan. Not subject to pre-service review. Check EIU			
Q4307		policy, which is one of our Clinical Payment and			Add effective
	American amnion, per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
	7 tilletteuri aritiloti, per 3q em	EIU: Procedure/service not reimbursed by the	7/1/2024	12/31/2333	04/01/2024
		•			
Q4308		Plan. Not subject to pre-service review. Check EIU			Add offortive
	e III	policy, which is one of our Clinical Payment and	. / . /	10/01/0000	Add effective
	Sanopellis, per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
		EIU: Procedure/service not reimbursed by the			
Q4309		Plan. Not subject to pre-service review. Check EIU			
Q.505		policy, which is one of our Clinical Payment and			Add effective
	Via matrix, per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024

Q4310	Procenta, per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
S9002	Intra-vag motion sens biofk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
Q5134	Inj tyruko 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Add effective 07/01/2024
Q5133	Inj tofidence 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	6/15/2024	12/31/2999	Add effective 06/15/2024
5841	Addition endoskletl knee-shi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
1320	Pectus carinatum ortho cust	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
9376	Inj pozelimab-bbfg 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/15/2024	12/31/2999	Add effective 04/01/2024
9313	Inj. lumoxiti 0.01 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
9057	Inj. copanlisib 1 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024 Add effective
9037	Inj belantamab mafodont blmf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against	4/1/2024	12/31/2999	04/01/2024  Add effective  07/15/2024
2782	Inj avacincaptad pegol 0.1mg	Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/15/2024	12/31/2999	

J2502	Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2016	4/30/2024	Add effective 01/01/2016 Retire effective 04/30/2024
J1203	Inj cipaglucosidase 5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/15/2024	12/31/2999	Add effective 07/15/2024
J0589	Inj daxibotulinumtoxina-lanm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/15/2024	12/31/2999	Add effective 05/15/2024
J0248	Inj remdesivir 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
J0177	Inj aflibercept hd 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
E2298	Pwr seat elev sys for crt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
E2120	Pulse gen sys tx endolymp fl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
E0744	Neuromuscular stim for scoli	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
C9796	Rpr intst excl anrect fist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024 Retire effective 06/30/2024
C9796	Rpr intst excl anrect fist	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024

C1062	Intravertebral fx aug impl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
A4638	Repl batt pulse gen sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
96548	NTRAOP HIPEC PX EA ADD 30MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
96547	INTRAOP HIPEC PX 1ST 60 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
0442T	ABLTJ PERC PLEX/TRNCL NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
0441T	ABLTJ PERC LXTR/PERPH NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
0440Т	ABLTJ PERC UXTR/PERPH NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024

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Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

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. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of New Mexico (BCBSNM). For other services/members, BCBSNM has contracted with Carelon Medical Benefits Management for utilization management and related services.

Services performed without prior authorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSNM members. Obtaining prior authorization is not a substitute for checking eligibility and benefits.

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