

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

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.

Procedure Code Groups	Procedure Code Group Description		
Medical Policy Criteria (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		
	Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.		
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.		
Experimental, Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		
Unlisted or Undefined	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.		
Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.			

		1 9	' '		
Procedure Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
	•	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			
07937	Weight Loss	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><td></td><td></td></w>	Non Covered: Procedure/service not covered by the			
11200	REIVIOVAL OF SKIN TAGS < W/ 15	Plan. Not subject to pre-service review.			_
11201	DEMOVE SKIN TACS ADD ON	Non Covered: Procedure/service not covered by the			
11201	REMOVE SKIN TAGS ADD-ON	Plan. Not subject to pre-service review.			_

		MP Criteria: Procedure/service reviewed against Medical		
44020	Convert Clin Color C O Curl			
11920	Correct Skin Color 6.0 Cm/<	Policy Criteria. Submit for Recommended Clinical Review _	<del>-</del>	_
		to avoid post-service review.		
11001	0 10 0 1 0 1 0 0	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 _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
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		
1233 .	1.X GOTT GOTT DE 1. 2010 10	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
11960	INSERT TISSUE EXPANDER(S)	Policy Criteria. Submit for Recommended Clinical Review		
11300	MODERT HOODE EXTANDER(S)	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
11070	DDI CMT TICC VDNDD DEDM IMDIT			
11970	RPLCMT TISS XPNDR PERM IMPLT	Policy Criteria. Submit for Recommended Clinical Review _	<del>-</del>	_
		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	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15274	Skn Sub Grft T/A/L Child Add	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023		
		to avoid post-service review.	_	<del>-</del>
		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		
	S Sub Grate race; mg m; o	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		
132/0	Skiii Sub Graft i / iv/ 111/ G Auul	•	_	_
		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		
152//	Skii Sub Gift F/N/Hi/G Cilliu	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		
15276	Skii Sub Gift F/N/Hi/G Cii Add	•	-	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
15750	EDEE EASCIAL ELAD MICDOVASC	·		
15758	FREE FASCIAL FLAP MICROVASC	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
15760	CDEC ALITOL COST TICC DID EVC	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.		
45774	0050 411701 547 1100 50 001	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 _	_	-
		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 _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15780	DERMABRASION TOTAL FACE	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		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 _	_	_
I control of the cont		to avoid post-service review.		

		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		Dating offersting
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		
		Policy Criteria. Submit for Recommended Clinical Review	1/31/2024	Retire effective
15826	REMOVAL OF BROW WRINKLES	to avoid post-service review. Prior Authorization may be —		01/31/2024
		•		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.		
		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 _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15833	EXCISE EXCESSIVE SKIN LEG	Policy Criteria. Submit for Recommended Clinical Review _	_	_
<del></del>		to avoid post-service review.	_	_
<u> </u>				

		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.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
15876	SUCTION LIPECTOMY HEAD&NECK	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
15877	SUCTION LIPECTOMY TRUNK	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	<del>-</del>
		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.	_	_
		Unlisted: Procedure/service not specifically defined or		
15999	UNLISTED PX EXC PRESSURE ULC	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.	_	_

		EIU: Procedure/service not reimbursed by the Plan. Not		
17340	CRYOTHERAPY OF SKIN	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		
17360	SKIN PEEL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
17380	HAIR REMOVAL BY ELECTROLYSIS	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		
17333	ONLISTET X SKIN WICE WEIVID SOBQ	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
19105	CRYOSURG ABLATE FA EACH	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
ı		MP Criteria: Procedure/service reviewed against Medical		
19300	REMOVAL OF BREAST TISSUE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19303	MAST SIMPLE COMPLETE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
10016	SUSPENSION OF PREAST	Policy Criteria. Submit for Recommended Clinical Review	4/14/2024	Retire effective
19316	SUSPENSION OF BREAST	to avoid post-service review. Prior Authorization may be -		04/14/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review	1/31/2024	Retire effective
19318	Breast Reduction	to avoid post-service review. Prior Authorization may be —		01/31/2024
		required per contract agreement.		01/31/2024
		MP Criteria: Procedure/service reviewed against Medical		
10225	DDEACT ALICAMENTATION IN //NADLT	·		
19325	BREAST AUGMENTATION W/IMPLT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
10220	DAMALINITA CT DDE ACT INADI ANIT	MP Criteria: Procedure/service reviewed against Medical		
19328	RMVL INTACT BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
10220	DAAM DUDTUDED DDEACT IAADI ANT	·		
19330	RMVL RUPTURED BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
19340	INSJ BREAST IMPLT SM D MAST			
15340	IINOJ DVENOJ IIVIELI DIVI O IVIAOJ	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
19342	INSJ/RPLCMT BRST IMPLT SEP D	Policy Criteria. Submit for Recommended Clinical Review _		
17342	INSTANTECIVIT DIST INTELL SEP D	<del>-</del>	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical
19350	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
15571	TEMI-IIVII ET CAI SEC BIIST COIVII E	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
		·
19499	UNLISTED PROCEDURE BREAST	to avoid post-service review.
		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	NIDLINGLW/O NIV 1 OD 3 MUSC	subject to pre-service review. Check EIU policy, which is
20300	NDL INSJ W/O NJX 1 OR 2 MUSC	
		one of our Clinical Payment and Coding Policy (CPCP).
		FILL Drogadure / source not reimbursed by the Diag. Not
205.64	NICH INCHA /O NIN 2 - MUCC	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.
		·
		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).
		Unlisted: Procedure/service not specifically defined or
20999	UNLISTED PX MUSCSKEL GENERAL	
		classified, maybe subject to contract/clinical review.
21072	NANDLOC TANLAN/ANISCTU	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 MAXLECL PROSTH PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.

		MP Criteria: Procedure/service reviewed against Medical		
21120	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
21121	DECONCEDITETION OF CHIM	MP Criteria: Procedure/service reviewed against Medical		
21121	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
21122	DECONCEDITETION OF CHIM	MP Criteria: Procedure/service reviewed against Medical		
21122	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
21122	DECONCEDITETION OF CHIM	MP Criteria: Procedure/service reviewed against Medical		
21123	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
24425	A consisted as I seems to a Basis	Policy Criteria. Submit for Recommended Clinical Review	4/44/2024	Retire effective
21125	Augmentation Lower Jaw Bone	to avoid post-service review. Prior Authorization may be —	4/14/2024	04/14/2024
		required per contract agreement.		
		· · · · · · · · · · · · · · · · · · ·		
		MP Criteria: Procedure/service reviewed against Medical		
21127	Augmentation Lower law Bone	Policy Criteria. Submit for Recommended Clinical Review	4/14/2024	Retire effective
21127	Augmentation Lower Jaw Bone	to avoid post-service review. Prior Authorization may be -	4/14/2024	04/14/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21145	Lefort I-1 Piece W/ Graft	Policy Criteria. Submit for Recommended Clinical Review		
21145	Lefort 1-1 Piece W/ Graft	to avoid post-service review. Prior Authorization may be $^-$	_	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21146	Lefort I-2 Piece W/ Graft	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	_	-
		required per contract agreement.		
		NAD Criteries Decordered (see Secretary Associated NASA)		
		MP Criteria: Procedure/service reviewed against Medical		
21147	Lefort I-3/> Piece W/ Graft	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —		_
		required per contract agreement.		
		MD Critoria: Procedure/corvice reviewed against Medical		
		MP Criteria: Procedure/service reviewed against Medical		
21150	Lefort Ii Anterior Intrusion	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		
21151	Lefort Ii W/Bone Grafts	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		required per contract agreement.		

21154	Lefort Iii W/O Lefort I	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 Iii W/ Lefort I	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 Iii W/Fhdw/O Lefort I	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 Iii W/Fhd W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
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
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 required per contract agreement.
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 — — — — — — — — — required per contract agreement.
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
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 to avoid post-service 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 one of our Clinical Payment and Coding Policy (CPCP).
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 one of our Clinical Payment and Coding Policy (CPCP).
22867	INSJ STABLI DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
22868	INSJ STABLI DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22869	INSJ STABLI 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 STABLI 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.

		MD Citation Deposit of the size of activities and activities to	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
23929	UNLISTED PROCEDURE SHOULDER	to avoid post-service review.	
		Unlisted or Undefined: Procedures/services not	_
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
24300	MNPJ ELBOW UNDER ANES	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
24999	LINUISTED DV LILINAEDLIS /ELDOW	Unlisted: Procedure/service not specifically defined or	
24999	UNLISTED PX HUMERUS/ELBOW	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
25259	MANIPULATE WRIST W/ANESTHES	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	_
		Unlisted: Procedure/service not specifically defined or	
25999	UNLISTED PX FOREARM/WRIST	classified, maybe subject to contract/clinical review.	_
		MP Criteria: Procedure/service reviewed against Medical	
26340	MANIPULATE FINGER W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review	
20310	William OBMETHIOEM W// WESTI	to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
26341	MANIPULAT PALM CORD POST INJ	Policy Criteria. Submit for Recommended Clinical Review	
20341	MANIFOLAT FALM COND FOST IN	to avoid post-service review.	_
		Unlisted: Procedure/service not specifically defined or	
26989	UNLISTED PX HANDS/FINGERS		<u>-</u>
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
27275	MAANURUU ATION OF LUR IOINT		
27275	MANIPULATION OF HIP JOINT	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	
27299	UNLISTED PX PELVIS/HIP JOINT	to avoid post-service review.	
	·	Unlisted or Undefined: Procedures/services not	_
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
27703	RECONSTRUCTION ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
27860	FIXATION OF ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review _	<del>-</del>
		to avoid post-service review.	
27000	LINUISTED DV LEG /ANIVLE	Unlisted: Procedure/service not specifically defined or	
27899	UNLISTED PX LEG/ANKLE	classified, maybe subject to contract/clinical review.	-
		Elli Procedura/conice not reimburged by the Diag Not	
20000	LILEAUDOV ECIMIT DI ANITAD EACOIA	EIU: Procedure/service not reimbursed by the Plan. Not	
28890	HI ENRGY ESWT PLANTAR FASCIA	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	

28800	LINILISTED BY EOOT /TOFS	Unlisted: Procedure/service not specifically defined or		
28899	UNLISTED PX FOOT/TOES	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.		_
20000	ALITCRET IMPLAIT VALEE AN ICCORE	MP Criteria: Procedure/service reviewed against Medical		
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
29914	HIP ARTHRO W/FEMOROPLASTY	Policy Criteria. Submit for Recommended Clinical Review _		
23314	THE ARTINO W/TEMOROFEASTT	to avoid post-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
29915	HIP ARTHRO ACETABULOPLASTY	Policy Criteria. Submit for Recommended Clinical Review _		
23323	/ /	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
29916	HIP ARTHRO W/LABRAL REPAIR	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		
29999	UNLISTED PX ARTHROSCOPY	to avoid post-service review.		
29999	UNLISTED PX ARTHROSCOPY	Unlisted or Undefined: Procedures/services not	_	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
30468	RPR NSL VLV COLLAPSE W/IMPLT	subject to pre-service review. Check EIU policy, which is		_
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		FILL Dragadius / capies not reimbursed by the Dlan Not		
30469	DDD NCL VIV COLLARSE W/DMDLC	EIU: Procedure/service not reimbursed by the Plan. Not		
30409	RPR NSL VLV COLLAPSE W/RMDLG	subject to pre-service review. Check EIU policy, which is 1/1/2023	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		Unlisted: Procedure/service not specifically defined or		
30999	UNLISTED PROCEDURE NOSE	classified, maybe subject to contract/clinical review.		
		Prior Authorization may be required per contract	_	-
		agreement.		
		Unlisted: Procedure/service not specifically defined or		
31299	UNLISTED PX ACCESSORY SINUS	classified, maybe subject to contract/clinical review.	_	_
		Prior Authorization may be required per contract	_	_
		agreement.		
31599	UNLISTED PROCEDURE LARYNX	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or		
31899	UNLISTED PX TRACHEA BRONCHI	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
32994	ABLATE PULM TUMOR PERQ CRYBL	Policy Criteria. Submit for Recommended Clinical Review _		
	ABBATE FORM FORMORY ENQUATED	to avoid post-service review.	_	-
		to avoia post service review.		

		MP Criteria: Procedure/service reviewed against Medical
32998	ABLATE PULM TUMOR PERQ RF	·
32990	ABLATE POLIVI TOWOR PERQ RF	Policy Criteria. Submit for Recommended Clinical Review
		Unlisted: Procedure/service not specifically defined or
32999	UNLISTED PX LUNGS & PLEURA	
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
33211	INCEPT CARD ELECTRODES DUAL	
33211	INSERT CARD ELECTRODES DUAL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
22267	EVELLA A ODENLANIVA AFTLIOD	MP Criteria: Procedure/service reviewed against Medical
33267	EXCL LAA OPEN ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33268	EXCL LAA OPN OTH PX ANY METH	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33269	EXCL LAA THRSCP ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33274	TCAT INSJ/RPL PERM LDLS PM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33275	Tcat Rmvl Perm Ldls Pm W/Img	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
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
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33419	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review
		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
		to avoid post-service review.
33999	UNLISTED PX CARDIAC SURGERY	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	·
30403	INTO INCINICIALING OCCUDINI I ACIM	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.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	subject to pre-service review. Check EIU policy, which is		
30473	ENDOVENOUS MICHINCHEM 131 VEIN		-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Procedure/convice not reimburged by the Plan Net		
26474	ENDOVENOUS MCUNICUEM ADD ON	EIU: Procedure/service not reimbursed by the Plan. Not		
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 _		
		to avoid post-service review.	<del>-</del> -	-
		MP Criteria: Procedure/service reviewed against Medical		
36482	ENDOVEN THER CHEM ADHES 1ST	Policy Criteria. Submit for Recommended Clinical Review _		
30.102	ENDOVER THEN CHEM ADMED 131	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 _		
30403	ENDOVEN THEN CHEIN ADITES SDSQ		_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
26516	Anharasis Immunaada Clatu	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		
		one of our Clinical Payment and Coding Policy (CPCP).	<del>-</del>	_

		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	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		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 _	_	_
		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.	_	<del>-</del>
27504	LINUIGTED VASC ENDOSCODIV DV	Unlisted: Procedure/service not specifically defined or		
37501	UNLISTED VASC ENDOSCOPY PX	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.	_	<del>-</del>
		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 _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37761	LIGATE LEG VEINS OPEN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		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 _		_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
37766	PHLEB VEINS - EXTREM 20+	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
37780	REVISION OF LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review		
0.7.00	NEVISION 51 225 V2III	to avoid post-service review.	_	<del>-</del>
		Unlisted: Procedure/service not specifically defined or		
37799	UNLISTED PX VASCULAR SURGERY	classified, maybe subject to contract/clinical review.	_	_
		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		
37763	LIGATE/DIVIDE/EXCISE VEIN	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
38204	BL DONOR SEARCH MANAGEMENT	Policy Criteria. Submit for Recommended Clinical Review _		
30204	BL DONOR SEARCH IVIANAGEIVIENT		_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
20205	LIADVECT ALITO CTEMA CELLO	Policy Criteria. Submit for Recommended Clinical Review		
38206	HARVEST AUTO STEM CELLS	to avoid post-service review. Prior Authorization may be —	-	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
38205	HARVEST ALLOGENEIC STEM CELL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38207	CRYOPRESERVE STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38208	THAW PRESERVED STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38209	WASH HARVEST STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
38210	T-CELL DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38211	TUMOR CELL DEPLETE OF HARVST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38212	RBC DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38213	PLATELET DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38214	VOLUME DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		·		
		MP Criteria: Procedure/service reviewed against Medical		
38230	BONE MARROW HARVEST ALLOGEN	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		
38215	HARVEST STEM CELL CONCENTRTE	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
38232	BONE MARROW HARVEST AUTOLOG	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		·		
		MP Criteria: Procedure/service reviewed against Medical		
38241	TRANSPLT AUTOL HCT/DONOR	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		
38240	TRANSPLT ALLO HCT/DONOR	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
38242	TRANSPLT ALLO LYMPHOCYTES	Policy Criteria. Submit for Recommended Clinical Review _		
30272	TO AND ET ALLO ETWI TIOCTILO	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
38243	TRANSPLI HEMATOPOIETIC BOOST	Policy Criteria. Submit for Recommended Clinical Review _		
30243	TRANSPLI HEMATOPOLETIC BOOST		_	-
		to avoid post-service review.  Unlisted: Procedure/service not specifically defined or		
38589	UNLISTED LAPS PX LYMPHTC SYS		_	_
		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.	=	

UNLISTED PX DIAPHRAGM  UNLISTED PX DIAPHRAGM  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 classified, maybe subject to contract/clinical review.  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	-	-
40/99 UNLISTED PROCEDURE LIPS  classified, maybe subject to contract/clinical review.  40899 UNLISTED PX VESTIBULE MOUTH  UNLISTED PX VESTIBULE MOUTH	-	_
40899 UNUSTED PX VESTIBULE MOUTH Unlisted: Procedure/service not specifically defined or	-	
140899 UNUSTED PX VESTIBULE MOUTH	_	
		-
EIU: Procedure/service not reimbursed by the Plan. Not	0 (0.1 (0.00.)	Retire effective
41530 TONGUE BASE VOL REDUCTION subject to pre-service review. Check EIU policy, which is	3/31/2024	03/31/2024
one of our Clinical Payment and Coding Policy (CPCP).		
41599 UNLISTED PX TONGUE FLR MOUTH Unlisted: Procedure/service not specifically defined or		
classified, maybe subject to contract/clinical review.	_	_
Non Covered: Procedure/service not covered by the  41820 Excision Gum Each Quadrant		
Plan. Not subject to pre-service review.	<del>-</del>	-
Non Covered: Procedure/service not covered by the  41821 Excision Of Gum Flap		
Plan. Not subject to pre-service review.	_	-
Non Covered: Procedure/service not covered by the  41822 Excision Of Gum Lesion		
Plan. Not subject to pre-service review.	_	_
Non Covered: Procedure/service not covered by the  41823 Excision Of Gum Lesion		
Plan. Not subject to pre-service review.	<del>-</del>	-
Non Covered: Procedure/service not covered by the  41828 Excision Of Gum Lesion		
Plan. Not subject to pre-service review.	<del>-</del>	-
Non Covered: Procedure/service not covered by the  41830 Removal Of Gum Tissue		
Plan. Not subject to pre-service review.	<del>-</del>	-
Non Covered: Procedure/service not covered by the		
Plan. Not subject to pre-service review.	_	_
Non Covered: Procedure/service not covered by the  Repair Gum		
Plan. Not subject to pre-service review.	_	_
Non Covered: Procedure/service not covered by the  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.	_	_
EIU: Procedure/service not reimbursed by the Plan. Not		
43206 ESOPH OPTICAL ENDOMICROSCOPY 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		
38308 INCISION OF LYMPH CHANNELS 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
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 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 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43632	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 6/1/2023
43633	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43645	LAP GASTR BYPASS INCL SMLL I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43770	LAP PLACE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43771	LAP REVISE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43772	LAP RMVL GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

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42772	LAD DEDLACE CACED ADJ DEVICE	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
12771	LAP RMVL GASTR ADJ ALL PARTS	·
43774	LAP RIVIVE GASTR ADJ ALL PARTS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical
42775	LADCLEFVE CACTDECTONAV	·
43775	LAP SLEEVE GASTRECTOMY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
40040	V DANID CASTRODIACTV	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.
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43847	GASTRIC BYPASS INCL SMALL I	Policy Criteria. Submit for Recommended Clinical Review
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43848	REVISION GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review
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		MP Criteria: Procedure/service reviewed against Medical
43886	REVISE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
43999	UNLISTED PROCEDURE STOMACH	Unlisted: Procedure/service not specifically defined or
43333	ONLISTED I NOCEDONE STOWNACH	classified, maybe subject to contract/clinical review.
44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or
44230	ONLISTED EATST A INTESTINE	classified, maybe subject to contract/clinical review.
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or
44733	ONLISTED FX SIVIALE INTESTINE	classified, maybe subject to contract/clinical review.
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or
44633	ONEISTED FX WILCREE'S DVKTCLW	classified, maybe subject to contract/clinical review.
44979	LINILISTED LADS BY ARRENDIV	Unlisted: Procedure/service not specifically defined or
443/3	UNLISTED LAPS PX APPENDIX	classified, maybe subject to contract/clinical review.
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45399	UNLISTED PROCEDURE COLON	classified, maybe subject to contract/clinical review.
45400	LADADOSCODE DDOC DECTUA	Unlisted: Procedure/service not specifically defined or
45499	LAPAROSCOPE PROC RECTUM	classified, maybe subject to contract/clinical review.
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45999	UNLISTED PROCEDURE RECTUM	classified, maybe subject to contract/clinical review.
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51715	ENDOSCOPIC INJECTION/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
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52327	CYSTOSCOPY INJECT MATERIAL	Policy Criteria. Submit for Recommended Clinical Review _		_
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52441	CYSTOURETHRO W/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review		
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53860	TRANSURETHRAL RF TREATMENT	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
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53899	UNLISTED PX URINARY SYSTEM	classified, maybe subject to contract/clinical review.	_	_
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52442	CYSTOURETHRO W/ADDL IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _		
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		to avoid post-service review.		
- 400-	TREATMENT OF REALISTICAL	MP Criteria: Procedure/service reviewed against Medical		
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54235	Penile Injection	Policy Criteria. Submit for Recommended Clinical Review _	_	-
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		MP Criteria: Procedure/service reviewed against Medical		
64582	OPN MPLTJ HPGLSL NSTM ARY PG	Policy Criteria. Submit for Recommended Clinical Review	3/31/2024	Retire effective
04302	OF IN INIFELIA LIPOLAL INATIVI ANT PO	to avoid post-service review. Prior Authorization may be —	3/31/2024	03/31/2024
		required per contract agreement.		

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).	_	<del>-</del>	
		EIU: Procedure/service not reimbursed by the Plan. Not			
64629	TRML DSTRJ IOS BVN EA ADDL	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			
61650	Evasc Pring Admn Rx Agnt 1St	Policy Criteria. Submit for Recommended Clinical Review _	_	<del>-</del> -	
		to avoid post-service review.			
		Unlisted: Procedure/service not specifically defined or			
64999	UNLISTED PX NERVOUS SYSTEM	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.		<del>-</del>	
		MP Criteria: Procedure/service reviewed against Medical			
61651	Evasc Pring Admn Rx Agnt Add	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
64640	INJECTION TREATMENT OF NERVE	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
65770	REVISE CORNEA WITH IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
66174	TRLUML DIL AQ O/F CAN W/O ST	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.			
66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or			
00000	ONLISTED I A AINT SEGIVILINT ETE	classified, maybe subject to contract/clinical review.	-	-	

67299	UNLISTED PX POSTERIOR SEGMNT	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
67399	UNLISTED PX EXTRAOCULAR MUSC	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
67599	UNLISTED PROCEDURE ORBIT	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
57000	252412 22244 25552	Policy Criteria. Submit for Recommended Clinical Review	
67900	REPAIR BROW DEFECT	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	
07333	ONLISTED I ROCEDORE ETELIDS	classified, maybe subject to contract/clinical review.	
68399	UNLISTED PX CONJUNCTIVA	Unlisted: Procedure/service not specifically defined or	
00333	ONLISTED IX CONSONCTIVA	classified, maybe subject to contract/clinical review.	
68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or	
00033		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
67906	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
67000	DEDAUG EVELID DESERT	MP Criteria: Procedure/service reviewed against Medical	
67908	REPAIR EYELID DEFECT	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.	
60000	DIEDCE EADLODES	MP Criteria: Procedure/service reviewed against Medical	
69090	PIERCE EARLOBES	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.	_	_
		Unlisted: Procedure/service not specifically defined or		
77399	UNLISTED PX MED RADJ PHYSICS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
77499	UNLISTED PX THER RAD TX MGMT		_	_
		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.		<del>-</del>
78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or		
70233		classified, maybe subject to contract/clinical review.		<del>-</del>
78399	UNLISTED MUSCSKEL PX DX NUC	Unlisted: Procedure/service not specifically defined or		
70333	ONLISTED WIOSESKEET X DX NOC	classified, maybe subject to contract/clinical review.	-	_
78499	UNLISTED CV PX DX NUC MED	Unlisted: Procedure/service not specifically defined or		
76499	ONLISTED CV PX DX NOC WED	classified, maybe subject to contract/clinical review.	-	<del>-</del>
78599	UNLISTED RESP PX DX NUC MED	Unlisted: Procedure/service not specifically defined or		
78599	ONLISTED KESP PX DX NOC MED	classified, maybe subject to contract/clinical review.	-	_
70.000	LIAU ICTED AIDVC CVC DV DV AULC	Unlisted: Procedure/service not specifically defined or		
78699	UNLISTED NRVS SYS PX DX NUC	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
78799	UNLISTED GU PX DX NUC MED	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
78999	UNLISTED MISC PX DX NUC MED	classified, maybe subject to contract/clinical review.	-	_
		Unlisted: Procedure/service not specifically defined or		
79999	RP THERAPY UNLISTED PX	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
80299	QUANTITATIVE ASSAY DRUG	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
81099	UNLISTED URINALYSIS PX	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
81479	UNLISTED MOLECULAR PATHOLOGY	Prior Authorization may be required per contract	_	_
		agreement. Unlisted: Procedure/service not specifically defined or		
81599	UNLISTED MAAA		_	_
		classified, maybe subject to contract/clinical review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
82523	COLLAGEN CROSSLINKS	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		
69728	RMV NTR OI IMP SK TC>=100	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 one of our Clinical Payment and Coding Policy (CPCP).
83698	ASSAY LIPOPROTEIN PLA2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
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
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 one of our Clinical Payment and Coding Policy (CPCP).
84431	THROMBOXANE URINE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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 one of our Clinical Payment and Coding Policy (CPCP).
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
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	LYMPHOCYTE TRANSFORMATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical 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 DINA DIN	classified, maybe subject to contract/clinical review.	_	_
87798	DETECT AGENT NOS DNA AMP	Unlisted: Procedure/service not specifically defined or		
0//90	DETECT AGENT NOS DINA AIVIP	classified, maybe subject to contract/clinical review.	-	-
07700	DETECT A CENT NOC DAYA OLIANIT	Unlisted: Procedure/service not specifically defined or		
87799	DETECT AGENT NOS DNA QUANT	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
87899	AGENT NOS ASSAY W/OPTIC	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
87999	UNLISTED MICROBIOLOGY PX	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.	_	_
		Non Covered: Procedure/service not covered by the		
88012	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88014	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88016	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88020	AUTOPSY (NECROPSY) COMPLETE	·	_	_
		Plan. Not subject to pre-service review.		
88025	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
88027	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
88028	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the		
	<u> </u>	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.		
88036	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		<del>-</del>
88037	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.	_	-
88040	FORENSIC AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the		
555 10	. S. Ender to to to the fire to	Plan. Not subject to pre-service review.	-	<del>-</del>
88045	CORONERS AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the		
00043	COMONENS ACTOR ST (NECKOT ST)	Plan. Not subject to pre-service review.	-	-

		Non Covered: Procedure/service not covered by the
00000	LINUIGTED NEODODGY (ALITODGY)	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.
88199	UNLISTED CYTOPATHOLOGY PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
88299	UNLISTED CYTOGENETIC STUDY	Unlisted: Procedure/service not specifically defined or
00233	ONLISTED OFFICERETIES TO DE	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
		one of our Clinical Payment and Coding Policy (CPCP).
		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.
		Unlisted: Procedure/service not specifically defined or
89240	UNLISTED MISC 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
		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
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89259	CRYOPRESERVATION SPERM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89335	CRYOPRESERVE TESTICULAR TISS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89337	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.
00046	GTODA GE (//FAD GC 5: TT/2)	Non Covered: Procedure/service not covered by the
89346	STORAGE/YEAR OOCYTE(S)	Plan. Not subject to pre-service review.
00000	111111/CTER REPRODUCTER   1 P. R.	Unlisted: Procedure/service not specifically defined or
89398	UNLISTED REPROD MED LAB PROC	classified, maybe subject to contract/clinical review.

		MP Criteria: Procedure/service reviewed against Medical		
90378	RSV MAB IM 50MG	Policy Criteria. Submit for Recommended Clinical Review		
	NOV IVIND IN SOME	to avoid post-service review. Prior Authorization may be —	<del>-</del>	<del>-</del>
		required per contract agreement.		
90399	UNLISTED IMMUNE GLOBULIN	Unlisted: Procedure/service not specifically defined or		
30333	ONLISTED IMMONE GEODOLIN	classified, maybe subject to contract/clinical review.	_	_
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the		
J030 <del>4</del>	Deligue vace Quau 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	Vacciny 140 F131V 0.231VII IIII	Plan. Not subject to pre-service review.		
90749	UNLISTED VACCINE/TOXOID	Unlisted: Procedure/service not specifically defined or		
30743	ONLISTED 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	12/31/2023
		to avoid post-service review.		12/31/2023
90880	HYPNOTHERAPY	Non Covered: Procedure/service not covered by the	7/31/2023	Retire effective
90880	IIIFNOIIIERAFI	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		
90883	F31 EVALUATION OF RECORDS	Plan. Not subject to pre-service review.	_	_
90889	PREPARATION OF REPORT	Non Covered: Procedure/service not covered by the		
50005	THE ANATION OF REPORT	Plan. Not subject to pre-service review.	_	_
90899	UNLISTED PSYC SVC/THERAPY	Unlisted: Procedure/service not specifically defined or		
30033	ONLOTED FOR OVER THEIR F	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
90875	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90876	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
90901	BIOFEEDBACK TRAIN ANY METH	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.		_
		MP Criteria: Procedure/service reviewed against Medical		
90912	BFB TRAINING 1ST 15 MIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90913	BFB TRAINING EA ADDL 15 MIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
91034	Gastroesophageal Reflux Test	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
91035	G-Esoph Reflx Tst W/Electrod	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
91065	DDEATH HYDDOCEN/METHANIC TEST			
91002	BREATH HYDROGEN/METHANE TEST	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		
91037	Esoph Imped Function Test	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
91111	GI TRC IMG INTRAL ESOPHAGUS	subject to pre-service review. Check EIU policy, which is		
91111	GITTE IN GITTAL ESOFTIAGOS	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		one of our chilical rayment and country oney (cr cr ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
91112	GI WIRELESS CAPSULE MEASURE	subject to pre-service review. Check EIU policy, which is		
31112	GI WINELESS CAI SOLE MEASONE	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		sile of our difficult difficulty country (or or ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
91113	GI TRC IMG INTRAL COLON I&R	subject to pre-service review. Check EIU policy, which is 1/1/2023		
	2 2 2	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		MP Criteria: Procedure/service reviewed against Medical		
91038	Esoph Imped Funct Test > 1Hr	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
91132	ELECTROGASTROGRAPHY	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		
91133	ELECTROGASTROGRAPHY W/TEST	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.	•		_
		EIU: Procedure/service not reimbursed by the Plan. Not			
92132	CMPTR OPHTH DX IMG ANT SEGMT	subject to pre-service review. Check EIU policy, which is			
32132	CIVIL TR OF TITT DA INIO AINT SEGIVIT	one of our Clinical Payment and Coding Policy (CPCP).	•	_	_
		one of our chilical Payment and County Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92145	CORNEAL HYSTERESIS DETER	subject to pre-service review. Check EIU policy, which is			
32143	COMMERCITISTEMESIS DETEM	· · · · · · · · · · · · · · · · · · ·	-	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the			
J2J4U	Tit Speciacies ivioliolocal	Plan. Not subject to pre-service review.	-	-	-
92341	Fit Spectacles Bifocal	Non Covered: Procedure/service not covered by the			
92341	Fit Spectacies Bilocal	Plan. Not subject to pre-service review.	-	-	-
02242	Eth Constanting NA Internal	Non Covered: Procedure/service not covered by the			
92342	Fit Spectacles Multifocal	Plan. Not subject to pre-service review.		_	_
		Non Covered: Procedure/service not covered by the			
92354	Fit Spectacles Single System	Plan. Not subject to pre-service review.		-	-
		Non Covered: Procedure/service not covered by the			
92355	Fit Spectacles Compound Lens	Plan. Not subject to pre-service review.		=	-
		Non Covered: Procedure/service not covered by the			
92370	Repair & Adjust Spectacles	Plan. Not subject to pre-service review.		_	_
		Unlisted: Procedure/service not specifically defined or			
92499	UNLISTED OPH SVC/PROCEDURE			_	_
		classified, maybe subject to contract/clinical review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92512	NASAL FUNCTION STUDIES	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			
92517	VEMP TEST I&R CERVICAL	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).		_	_
		2 2 3			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92518	VEMP TEST I&R OCULAR	subject to pre-service review. Check EIU policy, which is			
32310	TEST IGN GOOD III	one of our Clinical Payment and Coding Policy (CPCP).		_	_
		one of our chilical rayment and county rolley (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92519	VEMP TST I&R CERVICAL&OCULAR	subject to pre-service review. Check EIU policy, which is			
J2J13	VEIVII TOT ION CENVICALOCULAN	· · · · · · · · · · · · · · · · · · ·		-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
91110	GI TRC IMG INTRAL ESOPH-ILE	Policy Criteria. Submit for Recommended Clinical Review	_		
		to avoid post-service review.	<del>-</del>	_	=
		,			

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
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
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
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 classified, maybe subject to contract/clinical review.	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95700	Eeg Cont Rec W/Vid Eeg Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95705	Eeg W/O Vid 2-12 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		AND Criteries December 1 and in a project of a project Madrial
05700	5 14 15 5 40 05 4 4 4	MP Criteria: Procedure/service reviewed against Medical
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
		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
33713	Vee 20 12 2011 Indire Willia	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
33710	Veeg La 12 2011 Cont Willia	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
93717	Leg Filys/Qilp 2-12 fil W/O Viu	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical
05710	Fac Dhua/Oha 2 12 Ha W///aaa	
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
05740	5 8 /0 5 1 14/0 5 1	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
		to avoid post-service review.
-		<del></del>

95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
95725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
95905	MOTOR &/ SENS NRVE CNDJ 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).
95919	QUAN PUPLMTRY PHY/QHP UNI/BI	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).
95726	Eeg Phy/Qhp>84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
95803	ACTIGRAPHY TESTING	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
95965	MEG SPONTANEOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
95999	UNLISTED NEUROLOGICAL DX PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
95966	MEG EVOKED SINGLE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
95967	MEG EVOKED EACH ADDL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96000	MOTION ANALYSIS VIDEO/3D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96001	MOTION TEST W/FT PRESS MEAS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
96002	DYNAMIC SURFACE EMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

		Halistad Doord of the Condensate of Condensa
96379	UNL THER/PROP/DIAG INJ/INF	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
96549	UNLISTED CHEMOTHERAPY PX	Unlisted: Procedure/service not specifically defined or
		classified, 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
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96922	Laser Tx Skin >500 Sq Cm	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96931	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
30331	Nem Celui Subcelui IIIg Skii	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96932	Pem Calula Subcalula Ima Ska	·
90952	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.  AND Critoria: Precedure (consider reviewed against Medical
00000	Dave Calvila Cyladadida Israe Clisa	MP Criteria: Procedure/service reviewed against Medical
96933	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
05004		MP Criteria: Procedure/service reviewed against Medical
96934	Rcm Celulr Subcelulr Img Skn	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.
		Unlisted: Procedure/service not specifically defined or
97039	UNLISTED MODALITY	classified, maybe subject to contract/clinical review.
37033	ONLISTED MODALITY	Prior Authorization may be required per contract
		agreement.
		Unlisted: Procedure/service not specifically defined or
97139	UNLISTED THERAPEUTIC PX	classified, maybe subject to contract/clinical review.
21 122	UNLISTED THERAPEUTIC PA	Prior Authorization may be required per contract
		agreement.
074.60	Alblatta Tar Facility Const	Non Covered: Procedure/service not covered by the
97169	Athletic Trn Eval Low Cmplx	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
97170	Athletic Trn Eval Mod Cmplx	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
97171	Athletic Trn Eval High Cmplx	Plan. Not subject to pre-service review.
		Fig. Hot 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.		-
		MP Criteria: Procedure/service reviewed against Medical		
96935	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
96936	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
97610	LOW FREQUENCY NON-THERMAL US	subject to pre-service review. Check EIU policy, which is		
97010	LOW FREQUENCY NON-THERIVIAL 03		_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or		
37733	UNLISTED PHYSCL WED/ KEHAB PX	classified, maybe subject to contract/clinical review.	_	-
00024	Docton Collow Un Vicit	Non Covered: Procedure/service not covered by the		
99024	Postop Follow-Up Visit	Plan. Not subject to pre-service review.	<del>-</del>	-
99026	IN LIOCUITAL ON CALL SEDVICE	Non Covered: Procedure/service not covered by the		
99020	IN-HOSPITAL ON CALL SERVICE	Plan. Not subject to pre-service review.	<del>-</del>	-
00027	OUT-OF-HOSP ON CALL SERVICE	Non Covered: Procedure/service not covered by the		
99027		Plan. Not subject to pre-service review.	-	-
00050	MEDICAL SERVICES AFTER HRS	Unlisted: Procedure/service not specifically defined or		
99050		classified, maybe subject to contract/clinical review.	_	-
00056	MED SERVICE OUT OF OFFICE	Unlisted: Procedure/service not specifically defined or		
99056		classified, maybe subject to contract/clinical review.	_	-
00050		Unlisted: Procedure/service not specifically defined or		
99058	OFFICE EMERGENCY CARE	classified, maybe subject to contract/clinical review.	_	-
00070	CDECIAL CURRULEC BUNG/OUR	Unlisted: Procedure/service not specifically defined or		
99070	SPECIAL SUPPLIES PHYS/QHP	classified, maybe subject to contract/clinical review.	_	-
00074	DATISALT SOLICATION AND SOLIC	Non Covered: Procedure/service not covered by the		
99071	PATIENT EDUCATION MATERIALS	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
99075	MEDICAL TESTIMONY	Unlisted or Undefined: Procedures/services not	_	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
00070	CDCUD USALTU SPUCATION	Unlisted: Procedure/service not specifically defined or		
99078	GROUP HEALTH EDUCATION	classified, maybe subject to contract/clinical review.	_	-
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
99080	SPECIAL REPORTS OR FORMS	Unlisted or Undefined: Procedures/services not		
		specifically defined or classified, maybe subject to	_	_
		contract/clinical review.		
		Unlisted: Procedure/service not specifically defined or		
99082	UNUSUAL PHYSICIAN TRAVEL	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
99199	UNLISTED SPECIAL SVC PX/RPRT	classified, maybe subject to contract/clinical review.	-	_
		Electrical major conject to continued content.		

		Non Covered: Procedure/service not covered by the			
99360	PHYSICIAN STANDBY SERVICES	Plan. Not subject to pre-service review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
99429	UNLISTED PREVENTIVE SERVICE	classified, maybe subject to contract/clinical review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99450	BASIC LIFE DISABILITY EXAM	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	•	_	_	_
		Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the			
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	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.  Non Covered: Procedure/service not covered by the			
99455	WORK RELATED DISABILITY EXAM	•	_	_	_
		Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the			
99456	DISABILITY EXAMINATION	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99457	Rem Physiol Mntr 1St 20 Min	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99491	Chrnc Care Mgmt Svc 30 Min	•	_	_	_
		Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or			
99499	UNLISTED E&M SERVICE	• • •	_	_	_
		classified, maybe subject to contract/clinical review.			
99600	UNLISTED HOME VISIT SVC/PX	Unlisted: Procedure/service not specifically defined or	_	_	_
		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	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		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).			
		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).			

0062U	AI SLE IGG&IGM ALYS 80 BMRK	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
00020	AI SEE IOOQIONI AEIS OO BINIKK	one of our Clinical Payment and Coding Policy (CPCP).
005011	NEURO AUTOMORANO	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 one of our Clinical Payment and Coding Policy (CPCP).
07522	Constant and the	MP Criteria: Procedure/service reviewed against Medical
97533	Sensory Integration	Policy Criteria. Submit for Recommended Clinical Review
97537	Community/Work Reintegration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
37507		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.
0086U	Nfct Ds Bact&Fng Org Id 6+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0091U	Onc Circt Scr Whi Bld Alg	Non Covered: Procedure/service not covered by the
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Plan. Not subject to pre-service review.
		Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
0093U	Rx Mntr 65 Com Drugs Urine	Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the
0095U	Inflm Ee Elisa Alys Alg	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).
		EIU: Procedure/service not reimbursed by the Plan. Not
0101T	ESW MUSCSKEL SYS NOS	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0102T	ESW PHY ANES LAT HMRL EPCNDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
0105U	Neph Ckd Mult Eclia Tum Nec	Non Covered: Procedure/service not covered by the 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

0106U	GSTR EMPTG 7 TIMED BRTH SPEC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0107T	VIBRATE 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).
0107U	C Diff Tox Ag Detcj la Stool	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0108T	COOL 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).
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0109T	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 la 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.

		Non Covered: Procedure/service not covered by the	
0141U	Nfct Ds Bact&Fng Gram Pos	Plan. Not subject to pre-service review.	-
04.4011	N( - 2 2 - 22 - 2 - 1)	Non Covered: Procedure/service not covered by the	
0142U	Nfct Ds Bact&Fng Gram Neg	Plan. Not subject to pre-service review.	-
045011	N5 - D - D - L - L - L - L - L - L - L - L	Non Covered: Procedure/service not covered by the	
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	Plan. Not subject to pre-service review.	-
		FILL Dragadura/consists not reimburged by the Dlan Met	
01007	OCHI AD DI OOD ELOW MEACHDE	EIU: Procedure/service not reimbursed by the Plan. Not	
0198T	OCULAR BLOOD FLOW MEASURE	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	
0202T	POST VERT ARTHRPLST 1 LUMBAR	subject to pre-service review. Check EIU policy, which is	
02021	1031 VERT ARTIMIEST I EUMBAR	one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our Chilical Payment and County Folicy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0207T	CLEAR EYELID GLAND W/HEAT	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	
0219T	PLMT POST FACET IMPLT CERV	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	
0220T	PLMT POST FACET IMPLT THOR	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	
0221T	PLMT POST FACET IMPLT LUMB	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	
0222T	PLMT POST FACET IMPLT ADDL	subject to pre-service review. Check EIU policy, which is	
02221	PLIVIT POST FACET IIVIPET ADDL		-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0224U	ANTIBODY SARS-COV-2 TITER(S)	subject to pre-service review. Check EIU policy, which is 6/1/2023	
		one of our Clinical Payment and Coding Policy (CPCP).	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
0226U	SVNT SARSCOV2 ELISA PLSM SRM	subject to pre-service review. Check EIU policy, which is 6/1/2023	
		one of our Clinical Payment and Coding Policy (CPCP).	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
0232T	NJX PLATELET PLASMA	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		
0075T	PERQ STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0263T	IM B1 MRW CEL THER CMPL	subject to pre-service review. Check EIU policy, which is		
02031	IIVI DI IVINVV CLE ITILIN CIVII L	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our Clinical Payment and County Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0264T	IM B1 MRW CEL THER XCL HRVST	subject to pre-service review. Check EIU policy, which is		
02041	IIVI DI IVINVV CLE ITILIN ACETINI SI	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our clinical Payment and county Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0265T	IM B1 MRW CEL THER HRVST ONL	subject to pre-service review. Check EIU policy, which is		
0200.	52 522 5	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our clinical rayment and country to the crisis		
		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 _		
0200.	2.7 2 33 33 22.7 32.1	to avoid post-service review.	<del>-</del> -	<del>-</del> -
		MP Criteria: Procedure/service reviewed against Medical		
0269T	REV/REMVL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review _		
02031	REVINEWIVE CRID SINS DEV TOTAL	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0270T	REV/REMVL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review _		
02/01	REVINCINIVE CRID 3N3 DEV LEAD	_ ·	_	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
02717	DEVIDENAVI COTO CNIC DEVI CEN			
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 _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Dropoduro (coming not asimple and but he Dies No.		
02757	DEDO LAMOT/LAMA	EIU: Procedure/service not reimbursed by the Plan. Not		
0275T	PERQ LAMOT/LAM LUMBAR	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		

0278T	TEMPR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0330Т	TEAR FILM IMG UNI/BI W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0272Т	INTERROGATE CRTD SNS DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
0335T	INSJ SINUS TARSI IMPLANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
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 to avoid post-service 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	
0350Т	RSA LOWER 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).	
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 _ to avoid post-service review.	-	-
0358T	BIA WHOLE BODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
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).	-	-
0397T	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
0429T	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
0397T  0352T  0424T  0425T  0426T  0427T	ERCP W/OPTICAL ENDOMICROSCPY  OCT BRST/NODE I&R PER SPEC  INSJ/RPLC NSTIM APNEA COMPL  INSJ/RPLC NSTIM APNEA SEN LD  INSJ/RPLC NSTIM APNEA STM LD  INSJ/RPLC NSTIM APNEA PLS GN	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).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not 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 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).	12/31/2023 12/31/2023 12/31/2023	Retire effective 12/31/2023  Retire effective 12/31/2023  Retire effective 12/31/2023  Retire effective 12/31/2023  Retire effective 12/31/2023

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
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
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
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
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
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
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
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.	-	-
MRGFUS STRTCTC LES ABLTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
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).	-	-
INSJ AQUEOUS DRAIN DEV 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
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).	-	-
	RMVL/RPLC NSTIM APNEA PLS GN  REPOS NSTIM APNEA STIMJ LD  REPOS NSTIM APNEA SENSING LD  INTERRO EVAL NPGS APNEA  PRGRMG EVAL NPGS APNEA 1 SES  PRGRMG EVAL NPGS APNEA STUDY  OCT BREAST SURG CAVITY I&R  MRGFUS STRTCTC LES ABLTJ  VISUAL EP TEST FOR GLAUCOMA  INSJ AQUEOUS DRAIN DEV 1ST	RMVL NSTIM APNEA STIMU LD  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 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 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).  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 review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service not 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 not reimbursed by the Plan.	RMVL NSTIM APNEA STIMJ LD  subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not relimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  REPOS NSTIM APNEA STIMJ LD  EIU: Procedure/service not relimbursed 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 relimbursed 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 relimbursed 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 relimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  PRGRMG EVAL NPGS APNEA SES  EIU: Procedure/service not relimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  PRGRMG EVAL NPGS APNEA SES  EIU: Procedure/service not relimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  PRGRMG EVAL NPGS APNEA STUDY  EIU: Procedure/service not relimbursed 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 Policy Criteria. Submit for Recommended Clinical Review

		EIU: Procedure/service not reimbursed by the Plan. Not		
0473T	REPRGRMG IO RTA ELTRD RA	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		
0450T	INSJ AQUEOUS DRAIN DEV EACH	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		Retire effective
0465T	SUPCHRDL NJX RX W/O SUPPLY	Policy Criteria. Submit for Recommended Clinical Review _	12/31/2023	12/31/2023
		to avoid post-service review.		12/31/2023
		MP Criteria: Procedure/service reviewed against Medical		
0474T	INSJ AQUEOUS DRG DEV IO RSVR	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0479T	FXJL ABL LSR 1ST 100 SQ CM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0480T	FXJL ABL LSR EA ADDL 100SQCM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0485T	OCT MID EAR I&R UNILATERAL	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		
0486T	OCT MID EAR I&R BILATERAL	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		
0499T	CYSTO F/URTL STRIX/STENOSIS	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
04331	CISTOTY ON ESTRUMY STERIOSIS	one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	12/31/2023
		one of our chinical rayment and country (cr cr ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0507T	NEAR IFR 2IMG MIBMN GLND I&R	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		
0508T	PLS ECHO US B1 DNS MEAS TIB	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
	1 20 20110 00 22 2110 III 2110 1112	one of our Clinical Payment and Coding Policy (CPCP).	12,01,2020	12/31/2023
		one of our chinear ayment and county (cr cr ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0509T	PATTERN ERG W/I&R	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		
0511T	RMVL&RINSJ SINUS TARSI IMPLT	subject to pre-service review. Check EIU policy, which is		
03111	MINIVEGIMINGS SINGS TANSI HVIFET	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		one of our chilical rayinetic and country (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
0536Т	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.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
05277	DID DDV TIVAADUCVT CAD T CU	Policy Criteria. Submit for Recommended Clinical Review	C /45 /2022	-
0537T	BLD DRV T LYMPHCYT CAR-T CLL	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	6/15/2023	_
		Policy Criteria. Submit for Recommended Clinical Review		
0538T	BLD DRV T LYMPHCYT PREP TRNS	to avoid post-service review.	6/15/2023	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
0539T	RECEIPT&PREP CAR-T CLL ADMN	to avoid post-service review.	6/15/2023	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0602T	TRANSDERMAL GFR MEASUREMENTS	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		
0603T	TRANSDERMAL GFR MONITORING	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		
0615T	EYE MVMT ALYS W/O CALBRJ I&R	subject to pre-service review. Check EIU policy, which is _	- <u>-</u>	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	subject to pre-service review. Check EIU policy, which is _	<u> </u>	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0621T	TRABECULOSTOMY INTERNO LASER	subject to pre-service review. Check EIU policy, which is _	- <del>-</del>	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0622T	TRABECULOSTOMY INT LSR W/SCP	subject to pre-service review. Check EIU policy, which is _	- <del>-</del>	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0623T	AUTO QUANTIFICATION C PLAQUE	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		
0624T	AUTO QUAN C PLAQ DATA PREP	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		
0625T	AUTO QUAN C PLAQ CPTR ALYS	subject to pre-service review. Check EIU policy, which is _	- <u>-</u>	_
		one of our Clinical Payment and Coding Policy (CPCP).		

0626Т	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 one of our Clinical Payment and Coding Policy (CPCP).	-	-
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 one of our Clinical Payment and Coding Policy (CPCP).	-	-
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 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0629Т	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 one of our Clinical Payment and Coding Policy (CPCP).	-	-
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. 6/15/20	D23 _	-
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.	-	-

		MP Criteria: Procedure/service reviewed against Medical	
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review	
		MP Criteria: Procedure/service reviewed against Medical	
0588T	REVISION/REMOVAL ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
0589T	ELEC ALYS SMPL PRGRMG IINS	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0651T	MAG CTRLD CAPSULE ENDOSCOPY	subject to pre-service review. Check EIU policy, which is 1/1/2023	
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0656T	VRT BDY TETHERING ANT <7 SEG	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	
0657T	VRT BDY TETHERING ANT 8+ SEG	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	
0590T	ELEC ALYS CPLX PRGRMG IINS	Policy Criteria. Submit for Recommended Clinical Review	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0664T	DON HYSTERECTOMY OPEN CDVR	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	
0665T	DON HYSTERECTOMY OPEN LIV	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	
0666T	DON HYSTERECTOMY LAPS LIV	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	
0667T	DON HYSTERECTOMY RCP UTER	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	
0668T	BKBENCH PREP DON UTER ALGRFT	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).	-	-
0670T	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.	-	-
0766T	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).	-	-
0746T	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.	-	-
0768T	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
0747Т	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).	-	-
0764T	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.	-	-
0771T	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).	-	-
0773Т	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).	-	-
0774Т	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 one of our Clinical Payment and Coding Policy (CPCP).	3 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 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
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 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
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 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
0779Т	GI MYOELECTRICAL ACTV STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
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 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
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 9/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
0783Т	TC AURICULR NEUROSTIMULATION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/202 one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
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 7/1/202 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	3 _	-
0776Т	THER INDCTJ NTRABRN HYPTHRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/20 to avoid post-service review.	23 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 7/1/202. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	3 _	-
0795T	TCAT INS 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed against Medical 7/1/202 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	3 _	-

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.	
0797T	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.	
0799T	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.	
0800T	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).	-
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.	
213AA	Proc/Treat/Equip/Ins/Non-Covered	Non Covered: Procedure/service not covered by the	
	2.7 2.4 4.15 2. 2. 2. 2. 2.	Plan. Not subject to pre-service review.	_
213BA	OTC Drugs Non-Covered	Non Covered: Procedure/service not covered by the	
	<u>_</u>	Plan. Not subject to pre-service review.	_
213CA	Vision/Hear/Dental Non-Covered	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	_
213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
213FA	Corr Eye Surgery Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213GA	Premiums Non- Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213HA	Copays Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213JA	Limited Purpose HCA Non- Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review. — — — — — Non Covered: Procedure/service not covered by the	
213KA	Preventative Care Non-Covered	•	_
		Plan. Not subject to pre-service review.	
213LA	Long Term Care Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	

07011	NON PRESCRIPTION PRIVES	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.		_
		Unlisted: Procedure/service not specifically defined or		
A0999	Unlisted ambulance service	classified, maybe subject to contract/clinical review.	_	-
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2001	Innovamatrix ac per sq 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		
A2002	Mirragen adv wnd mat per sq	subject to pre-service review. Check EIU policy, which is		
7.2002	ageaavaac per 34	one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2004	Xcellistem 1 mg	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		500.0 1 / 1 1 1 1 1 1 1 1 1		
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2005	Microlyte matrix per sq 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		
A2006	Novosorb synpath per sq 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		
A2007	Restrata per sq cm	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		

A2008	Theragenesis 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).	-	-
A2009	Symphony 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).	-	-
A2010	Apis 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).	-	-
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 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2012	Suprathel 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).	-	-
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 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).	<del>-</del>	-
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 4/1/2023 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 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2021	Neomatrix 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).	-	-
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.	_	-	_
A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	_
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	_
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	-	-
A6261	Wound filler gel/paste /oz	Unlisted: 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	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 one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	-
A9150	Misc/exper non-prescript dru	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.	
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	
7.5270	THOM COVERED REIN OF SETVICE	Plan. Not subject to pre-service review.	-
A9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by the	
73273	Thor, cold bothe, cap, col, wrap	Plan. Not subject to pre-service review.	-
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or	
A3273	Worldoning readure/ device NOC	classified, maybe subject to contract/clinical review.	_
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or	
A3200	Alert device floc	classified, maybe subject to contract/clinical review.	-
A9282	Wig any type	Non Covered: Procedure/service not covered by the	
A3202	wig any type	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	
A3263	inversion eversion con devic	one of our Clinical Payment and Coding Policy (CPCP).	-
		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	
A3231	Tres dig cog bendy thera rad	one of our Clinical Payment and Coding Policy (CPCP).	-
		<u> </u>	
A9300	Exercise equipment	Non Covered: Procedure/service not covered by the	
A3300	Exercise equipment	Plan. Not subject to pre-service review.	-
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or	
A3373	Gud buse Will 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 ax for tumor in floc	classified, maybe subject to contract/clinical review.	_
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or	
A3336	Tet ax for non-tamor la floc	classified, maybe subject to contract/clinical review.	-
A9698	Non-rad contrast materialNOC	Unlisted: Procedure/service not specifically defined or	
A3038	Non-rau contrast materialnoc	classified, maybe subject to contract/clinical review.	-
A9699	Padionharm ry agent noc	Unlisted: Procedure/service not specifically defined or	
MJOJJ	Radiopharm rx agent noc	classified, maybe subject to contract/clinical review.	-
A9900	Supply/accessory/sorvice	Unlisted: Procedure/service not specifically defined or	
AJJUU	Supply/accessory/service	classified, maybe subject to contract/clinical review.	-
A0000	DME supply or accessory nos	Unlisted: Procedure/service not specifically defined or	
A9999	DME supply or accessory nos	classified, maybe subject to contract/clinical review.	-
B0008	Enteral cump not the service -	Unlisted: Procedure/service not specifically defined or	
B9998	Enteral supp not otherwise c	classified, maybe subject to contract/clinical review.	-
		· · ·	

B9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or 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 _ to avoid post-service 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 _ to avoid post-service 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.	-	-
C1826	Gen neuro clo loop rechg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.	-	-

C1833	Cardiac monitor sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _		
C1833	Cardiac monitor sys	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		
C9257	Bevacizumab injection	Policy Criteria. Submit for Recommended Clinical Review		
C3237	Devacization 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		
C3334	ventas collagen matrix citiz	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		one of our chinical rayment and coding roncy (cr cr ).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9356	TenoGlide tendon prot cm2	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
	Dormal substitute native non-denatured collegen fetal	FILL Dragadura/carries not raimbured by the Dlan Not		
C9358	Dermal substitute native non-denatured collagen fetal bovine origin (SurgiMend Collagen Matrix) per 0.5 square	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _		
C9536	centimeters	one of our Clinical Payment and Coding Policy (CPCP).	-	_
	centimeters	one of our chinical rayment and coding roncy (cr cr ).		
		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).		
		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).	<del>-</del>	_
		Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		
C9399	unclassified drugs or biologicals	Prior Authorization may be required per contract	_	_
		agreement.		
		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	Nsl/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).		_
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9777	Esophag muc integ w/eso egd	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.	_	_
		Unlisted: Procedure/service not specifically defined or		
D0999	unspecified diagnostic procedure by report	classified, maybe subject to contract/clinical review.		-
	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose			
D1705	1	Plan. Not subject to pre-service review.		-
D4706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose	Non Covered: Procedure/service not covered by the		
D1706	2	Plan. Not subject to pre-service review.		-
D1000		Unlisted: Procedure/service not specifically defined or		
D1999	unspecified preventive procedure by report	classified, maybe subject to contract/clinical review.		-
D2000	Cod colored to the colored to the colored	Unlisted: Procedure/service not specifically defined or		
D2999	unspecified restorative procedure by report	classified, maybe subject to contract/clinical review.		-
D2410	10 apicoectomy - anterior	Non Covered: Procedure/service not covered by the		
D3410		Plan. Not subject to pre-service review.		-
D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or		
05999	unspecified endodontic procedure by report	classified, maybe subject to contract/clinical review.	<del>-</del>	-
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or		
D4333	unspecified periodofical procedure by report	classified, maybe subject to contract/clinical review.		-
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or		
D3633	unspecified removable prostriodoffile procedure by report	classified, maybe subject to contract/clinical review.		-
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or		
D3333	unspecified maxilioracial prostnesss by report	classified, maybe subject to contract/clinical review.		-
D6199	unspecified implant procedure by report	Unlisted: Procedure/service not specifically defined or		
D0133	drispecified implant procedure by report	classified, maybe subject to contract/clinical review.	<del>-</del>	-
D6999	unspecified fixed prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or		
D0333	· · · · · · · · · · · · · · · · · · ·	classified, maybe subject to contract/clinical review.		-
	extraction erupted tooth requiring removal of bone and/or	Non Covered: Procedure/service not covered by the		
D7210	sectioning of tooth and including elevation of	Plan. Not subject to pre-service review.		_
	mucoperiosteal flap if indicated	Than. Not subject to pre-service review.		
D7220	removal of impacted tooth - soft tissue	Non Covered: Procedure/service not covered by the		
5.220	. corar or impacted tooth soft tissue	Plan. Not subject to pre-service review.		_
D7230	removal of impacted tooth - partially bony	Non Covered: Procedure/service not covered by the		
5.250	- Carrot of impacted tooth purtially bony	Plan. Not subject to pre-service review.		_
D7999	unspecified oral surgery procedure by report	Unlisted: Procedure/service not specifically defined or		
2.333	and passined order surgery procedure by report	classified, maybe subject to contract/clinical review.	_	_
D8210	removable appliance therapy	Non Covered: Procedure/service not covered by the		
20210		Plan. Not subject to pre-service review.		_

		Non Covered: Procedure/service not covered by the
D8220	fixed appliance therapy	Plan. Not subject to pre-service review.
D0000		Unlisted: Procedure/service not specifically defined or
D8999	unspecified orthodontic procedure by report	classified, maybe subject to contract/clinical review.
D9999	unspecified adjunctive procedure by report	Unlisted: Procedure/service not specifically defined or
D9999	unspecified adjunctive procedure, by report	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
C9740	Cysto impl 4 or more	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
E0210	Electric heat pad standard	Non Covered: Procedure/service not covered by the
20210	Licetife fieut pau staffaufu	Plan. Not subject to pre-service review.
E0217	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the
20217	Water one near pad w pamp	Plan. Not subject to pre-service review.
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the
	Trade circ cord page in paring	Plan. Not subject to pre-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
E0221	Infrared heating pad system	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
E0231	Wound warming device	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
E0232	Warming card for NWT	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		Non Covered: Procedure/service not covered by the
E0236	Pump for water circulating p	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.
		Non Covered: Procedure/service not covered by the
E0241	Bath tub wall rail	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0242	Bath tub rail floor	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0243	Toilet rail	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0244	Toilet seat raised	Plan. Not subject to pre-service review.
500.45	-1	Non Covered: Procedure/service not covered by the
E0245	Tub stool or bench	Plan. Not subject to pre-service review.
F0246	To refer to be effected.	Non Covered: Procedure/service not covered by the
E0246	Transfer tub rail attachment	Plan. Not subject to pre-service review.
502.47	To be here by Joseph	Non Covered: Procedure/service not covered by the
E0247	Trans bench w/wo comm open	Plan. Not subject to pre-service review.
50240	UDI baraha /	Non Covered: Procedure/service not covered by the
E0248	HDtrans bench w/wo comm open	Plan. Not subject to pre-service review.

50070	0.11	Non Covered: Procedure/service not covered by the		
E0273	Bed board	Plan. Not subject to pre-service review.	-	-
50274	O control to the	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.	_	_
50045	2 1 1/01/	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.		
50446	T : 10 D !!	Unlisted: Procedure/service not specifically defined or		
E0446	Topical Ox Deliver sys nos	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E0485	Oral device/appliance prefab	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	<del>-</del>	_
		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.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
E0487	Electronic spirometer	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	<del>-</del>	-
00766	S	MP Criteria: Procedure/service reviewed against Medical		
C9766	Revasc intra lithotrip-ather	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.  Unlisted: Procedure/service not specifically defined or		
E0625	Patient lift bathroom or toi		_	_
		classified, maybe subject to contract/clinical review.		
C9767	Payasa lithatria stant ather	MP Criteria: Procedure/service reviewed against Medical		
C3/0/	Revasc lithotrip-stent-ather	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
C0760	Custo w/tomp pros implant			
C9769	Cysto w/temp pros implant	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
C9770	Vitrae/mach pare subset in:	MP Criteria: Procedure/service reviewed against Medical	12/21/2022	Retire effective
C9770	Vitrec/mech pars subret inj	Policy Criteria. Submit for Recommended Clinical Review _	12/31/2023	12/31/2023
		to avoid post-service review.		
50103	Drawn and adam alter and to accomp	MP Criteria: Procedure/service reviewed against Medical		
E0183	Press underlay alter w/pump	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		

		NAD Cuitaria: Duanadora /nomina un incord accidet Nandical		
50000	Pediatric Crib Hospital Grade Fully Enclosed With Or Without Top Enclosure	MP Criteria: Procedure/service reviewed against Medical		
E0300		Policy Criteria. Submit for Recommended Clinical Review _	_	_
	<u> </u>	to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0316	Bed safety enclosure	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0616	Cardiac event recorder	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0635	Patient Lift Electric With Seat Or Sling	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
	Combination Sit To Stand Frame/Table System Any Size	MP Criteria: Procedure/service reviewed against Medical		
E0637	Including Pediatric With Seat Lift Feature With Or Without	Policy Criteria. Submit for Recommended Clinical Review _		_
	Wheels	to avoid post-service review.	<u>-</u>	_
	Standing Frame/Table System One Position (E.G. Upright	MP Criteria: Procedure/service reviewed against Medical		
E0638	Supine Or Prone Stander) Any Size Including Pediatric With	_		
	Or Without Wheels	to avoid post-service review.	_	_
	Standing Frame/Table System Multi-Position (E.G. Three-	MP Criteria: Procedure/service reviewed against Medical		
E0641	Way Stander) Any Size Including Pediatric With Or Without	·		
20041	Wheels	to avoid post-service review.	-	_
	WHEELS	MP Criteria: Procedure/service reviewed against Medical		
E0642	Standing Frame/Table System Mobile (Dynamic Stander)	Policy Criteria. Submit for Recommended Clinical Review		
10042	Any Size Including Pediatric	· —	_	_
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
FOCEO	Danisa anno anno anno anno an	·		
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 _		
	гнеинанс аррнансе тип тев	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E0665	Pneumatic appliance full arm	Policy Criteria. Submit for Recommended Clinical Review _		
20003	i neamatic appliance full affil	<del>-</del>	_	-
		to avoid post-service review.		

E0666	Pneumatic appliance half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0675	Pneumatic compression 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).
E0676	Inter limb compress dev 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.
E0667	Seg pneumatic appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0668	Seg pneumatic appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0669	Seg pneumatic appli half leg	MP Criteria: Procedure/service reviewed against Medical 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
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
E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical 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 _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
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 _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-

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
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 to avoid post-service 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
E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0747	Elec osteogen stim not spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0760	Osteogen ultrasound stimltor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0761	Nontherm electromgntc device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0766	Elec stim cancer treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0985	W/c seat lift mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0986	Man w/c push-rim powr system	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
E1002	Pwr seat tilt	Policy 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			
E1003	Pwr seat recline	Policy Criteria. Submit for Recommended Clinical Review _			
11003	i wi seat recinie	to avoid post-service review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			$\dashv$
E1004	Pwr seat recline mech	Policy Criteria. Submit for Recommended Clinical Review _			
L1004	i wi seat recine meen	to avoid post-service review.	-	_	
		Unlisted: Procedure/service not specifically defined or			
E1229	Pediatric wheelchair NOS	, , , , , , , , , , , , , , , , , , , ,	_	_	
		classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical			
F100F	Dur cost realing pur	·			
E1005	Pwr seat recline pwr	Policy Criteria. Submit for Recommended Clinical Review _	-	-	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical			$\overline{}$
		•			
		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.			
E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	<del>-</del>	
		MP Criteria: Procedure/service reviewed against Medical			
E1006	Pwr seat combo w/o shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1632	Wearable artificial kidney	subject to pre-service review. Check EIU policy, which is			
21032	Wediable artificial Mariey	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		, , , ,			
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or			
21033	Diarysis equipment not	classified, maybe subject to contract/clinical review.	_		
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1700	Jaw motion rehab system	subject to pre-service review. Check EIU policy, which is			
21700	Jaw motion rends system	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		one of our chinear ayment and country (ci ci ).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1701	Repl cushions for jaw motion	subject to pre-service review. Check EIU policy, which is			
21,01	Representations for jaw motion	one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		one of our chinical rayment and country (ci ci ).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1702	Repl measr scales jaw motion	subject to pre-service review. Check EIU policy, which is			
21/02	neprincusi scales jaw motion	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		MP Criteria: Procedure/service reviewed against Medical			7
E1007	Pwr seat combo w/shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
E1008	Pwr seat combo pwr shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		·			

		MP Criteria: Procedure/service reviewed against Medical		
F4.000	Add south to also also			
E1009	Add mech leg elevation	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
F4040	Add a salas deservatas	MP Criteria: Procedure/service reviewed against Medical		
E1010	Add pwr leg elevation	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1012	Ctr mount pwr elev leg rest	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1230	Power operated vehicle	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1629	Tablo for dialysis service	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		
22312	William propremote joystick	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E2313	PWC harness expand control	Policy Criteria. Submit for Recommended Clinical Review _		
L2313	1 We harness expand control	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
E2321	Hand interface joystick	Policy Criteria. Submit for Recommended Clinical Review		
E2321	Hand interface Joystick	· –	-	-
		to avoid post-service review.		
E2322	Mult mach switches	MP Criteria: Procedure/service reviewed against Medical		
E2322	Mult mech switches	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
F2222	Consist in orbital boundle	MP Criteria: Procedure/service reviewed against Medical		
E2323	Special joystick handle	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2324	Chin cup interface	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical
F222F	Character Winterform	· · · · · · · · · · · · · · · · · · ·
E2325	Sip and puff interface	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		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
		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
	11, 0 Hatti 20 20 III 3000 Hatti	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
22541	w/c wath 24 27 in seat frame	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
L2342	W/C uptil 20-21 ill seat frame	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical
F22.42	W/a dath 22 25 in cost frame	· · · · · · · · · · · · · · · · · · ·
E2343	W/c dpth 22-25 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
50054	51	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.

		NDC that a December of the state of the stat
	- III	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
E2599	SGD accessory noc	to avoid post-service review.
	•	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
		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
		to avoid post-service review.
		Unlisted: Procedure/service not specifically defined or
G0235	Pet imaging any site not otherwise specified	classified, maybe subject to contract/clinical review.
00233	recininging any site flot otherwise specified	Prior Authorization may be required per contract
		agreement.
		EIU: Procedure/service not reimbursed by the Plan. Not
G0255	Current person threshold tet	subject to pre-service review. Check EIU policy, which is
G0255	Current percep threshold tst	
		one of our Clinical Payment and Coding Policy (CPCP).
G0276	Pild/placebo control clin tr	Non Covered: Procedure/service not covered by the
00270	Fild/placebo control cliff ti	Plan. Not subject to pre-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
G0277	Hbot Full Body Chamber 30M	to avoid post-service review. Prior Authorization may be
		required per contract agreement.
		required per contract agreement.
		EIU: Procedure/service not reimbursed by the Plan. Not
G0281	Elec stim unattend for press	subject to pre-service review. Check EIU policy, which is
G0201	Elec still unattend for press	one of our Clinical Payment and Coding Policy (CPCP).
		one of our clinical rayment and coding rolley (crer).
		EIU: Procedure/service not reimbursed by the Plan. Not
G0282	Elect stim wound care not pd	subject to pre-service review. Check EIU policy, which is
00202	Licet still would care not pu	one of our Clinical Payment and Coding Policy (CPCP).
		one of our chinical rayffield and couling rolley (cror).
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the
G0233	Non-cov suig proc cill tridi	Plan. Not subject to pre-service review.
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the
00294	NOII-COV PLOC CHINCALLIA	Plan. Not subject to pre-service review.
		FILE Procedure/service not reimbursed by the Plan Not
COZOE	Electromagnetic thorany one	EIU: Procedure/service not reimbursed by the Plan. Not
G0295	Electromagnetic therapy onc	subject to pre-service review. Check EIU policy, which is
G0295	Electromagnetic therapy onc	

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).	-	-
SGD prerec msg>20min <=40min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
SGD prerec msg > 40 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
SGD spelling phys contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
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.	-	-
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.	-	-
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).	-	-
SGD accessory mounting sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
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).	-	-
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).	-	-
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.	-	-
Wheelchair Seat Cushion Powered	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
OPPS/PHP;activity therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
LVEF not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
	SGD prerec msg>20min <=40min  SGD prerec msg > 40 min  SGD spelling phys contact  SGD w multi methods msg/accs  SGD sftwre prgrm for PC/PDA  Collagen Meniscus Implant procedure for filling meniscal defects (e.g. CMI collagen scaffold Menaflex)  SGD accessory mounting sys  Autolog prp not diab ulcer  Autolog prp diab wound ulcer  Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes  Wheelchair Seat Cushion Powered  OPPS/PHP;activity therapy  LVEF>=40% doc normal or mild	Electromagnitic tx for ulcers  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.  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 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 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. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Autolog prp diab wound ulcer 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	Electromagnitic tx for ulcers  subject to pre-service review. Check EIU policy, which is

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G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the			
00337	Dif Macala, fanaas exam, w ace	Plan. Not subject to pre-service review.	-	_	-
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the			
00399	Pt w/uxa results document	Plan. Not subject to pre-service review.	-	_	-
C9400	Dt w/dva na rasulta das	Non Covered: Procedure/service not covered by the			
G8400	Pt w/dxa no results doc	Plan. Not subject to pre-service review.	-	_	-
60404	1	Non Covered: Procedure/service not covered by the			
G8404	Low extemity neur exam docum	Plan. Not subject to pre-service review.	-	_	-
00.405		Non Covered: Procedure/service not covered by the			
G8405	Low extemity neur not perfor	Plan. Not subject to pre-service review.	_	-	-
		Non Covered: Procedure/service not covered by the			
G8410	Eval on foot documented	Plan. Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the			
G8415	Eval on foot not performed	Plan. Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the			
G8416	Pt inelig footwear evaluatio	Plan. Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the			
G8417	Calc bmi abv up param f/u	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.	_	_	_
		rian. 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.	-	-	-
G8428 G8430	Cur meds not document  Doc med rsn no medrec	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.	- -	- -	- - -
G8430	Doc med rsn no medrec	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.	- - -	- - -	- - -
G8430 G8431	Doc med rsn no medrec Pos clin depres scrn f/u doc	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	- - - -	- - - -	- - - -
G8431 G8432	Doc med rsn no medrec  Pos clin depres scrn f/u doc  Dep scr not doc rng	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.	- - - -	- - - -	- - - - -
G8431 G8432 G8433	Doc med rsn no medrec  Pos clin depres scrn f/u doc  Dep scr not doc rng  Scr for dep not cpt doc rsn	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.	- - - - -	- - - - -	- - - - - -
G8430 G8431 G8432 G8433 G8450	Doc med rsn no medrec  Pos clin depres scrn f/u doc  Dep scr not doc rng  Scr for dep not cpt doc rsn  Beta-bloc rx pt w/abn lvef	Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the	-	- - - - - -	- - - - - -
G8430 G8431 G8432 G8433 G8450	Doc med rsn no medrec  Pos clin depres scrn f/u doc  Dep scr not doc rng  Scr for dep not cpt doc rsn  Beta-bloc rx pt w/abn lvef  Pt w/abn lvef inelig b-bloc	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.	-	- - - - - -	- - - - - - - -

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
	- , - , - , - , - , - , - , - , - , - ,	Plan. Not subject to pre-service review.
G8476	Bp sys <140 and dias <90	Non Covered: Procedure/service not covered by the
00170		Plan. Not subject to pre-service review.
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the
00477	bp sys>=140 and/or dias >=30	Plan. Not subject to pre-service review.
C0470	DD not performed /dec	Non Covered: Procedure/service not covered by the
G8478	BP not performed/doc	Plan. Not subject to pre-service review.
00400		Non Covered: Procedure/service not covered by the
G8482	Flu immunize order/admin	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G8483	Flu imm no admin doc rea	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G8484	84 Flu 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.
		Non Covered: Procedure/service not covered by the
G9050	Oncology work-up evaluation	
		Plan. Not subject to pre-service review.
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the
05050		Plan. Not subject to pre-service review.
G9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the
G3034	One supervision paniative	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
		specifically defined or classified, maybe subject to
		contract/clinical review.
		Non Covered: Procedure/service not covered by the
G9056	Onc prac mgmt adheres guide	Plan. 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.
		Non Covered: Procedure/service not covered by the
G9059	Onc prac mgmt pt opt alterna	
		Train. Not subject to pre service review.
G9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the
		riali. Not subject to pre-service review.
G9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the
	,	Plan. Not subject to pre-service review.
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the
-500-	0.10 b. 10 0 0.10 0 110 110 110 1	Plan. Not subject to pre-service review.

G9063	Onc dx nsclc stgl no progres	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
G9064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		_
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the		
03003	One ax fiscie stgs.4 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	Official fiscic stg5b-4 filetasta	Plan. Not subject to pre-service review.	-	-
60067	0 - 1 1 - 1	Non Covered: Procedure/service not covered by the		
G9067	Onc dx nsclc dx unknown nos	Plan. Not subject to pre-service review.	-	-
	One development limited	Non Covered: Procedure/service not covered by the		
G9068	Onc dx sclc/nsclc limited	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
G9069	Onc dx sclc/nsclc ext at dx	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9070	Onc dx sclc/nsclc ext unknwn	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9071	Onc dx brst stg1-2B HR nopro	·	_	_
		Plan. Not subject to pre-service review.		
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the	_	_
	3 1 3	Plan. Not subject to pre-service review.		<del>-</del>
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		_
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the		
0507.1		Plan. Not subject to pre-service review.		-
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the		
03073	One ax bist metastic, recai	Plan. Not subject to pre-service review.	_	-
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the		
G9077	Official prostate ratio progres	Plan. Not subject to pre-service review.	-	-
60070	0 4	Non Covered: Procedure/service not covered by the		
G9078	Onc dx prostate T2no progres	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
G9079	Onc dx prostate T3b-T4noprog	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
G9080	Onc dx prostate w/rise PSA	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9083	Onc dx prostate unknwn nos	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9084	Onc dx colon t1-3 n1-2 no pr	· · · · · · · · · · · · · · · · · · ·	_	_
		Plan. Not subject to pre-service review.		
G9085	Onc dx colon T4 N0 w/o prog	Non Covered: Procedure/service not covered by the	<u>_</u>	_
		Plan. Not subject to pre-service review.		
G9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the		
	, , , , , , , , , , , , , , , , , , ,	Plan. Not subject to pre-service review.		<u>-</u>
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the		
22.20,	3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7	Plan. Not subject to pre-service review.		-
G9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the		
0,000	One ax colon metas noevia ax	Plan. Not subject to pre-service review.	_	-
	<u> </u>			

G9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the		
05052		Plan. Not subject to pre-service review.		
G9092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by the		
03032	One dx rectal 11-5 N1-2hopig	Plan. Not subject to pre-service review.	_	_
G9093	One dy restal TA NIMO ne pro	Non Covered: Procedure/service not covered by the		
G9093	Onc dx rectal T4 N M0 no prg	Plan. Not subject to pre-service review.	-	-
60004	0	Non Covered: Procedure/service not covered by the		
G9094	Onc dx rectal M1 w/mets prog	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9095	Onc dx rectal extent unknwn	Plan. Not subject to pre-service review.	_	<del>-</del>
		Non Covered: Procedure/service not covered by the		
G9096	Onc dx esophag T1-T3 noprog	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9097	Onc dx esophageal T4 no prog	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9098	Onc dx esophageal mets recur		_	_
		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.	<del>-</del>	
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		
03102	One ax gastric arriescetable	Plan. Not subject to pre-service review.	<del>-</del>	
G9103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the		
G9103	One ax gastric recurrent	Plan. Not subject to pre-service review.	<del>-</del>	_
G9104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the		
G9104	One ax gastric unknown NOS	Plan. Not subject to pre-service review.	-	-
C040F	0	Non Covered: Procedure/service not covered by the		
G9105	Onc dx pancreatc p R0 res no	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
G9106	Onc dx pancreatc p R1/R2 no	Plan. Not subject to pre-service review.	<del>-</del>	_
		Non Covered: Procedure/service not covered by the		
G9107	Onc dx pancreatic unresectab	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9108	Onc dx pancreatic unknwn NOS	Plan. Not subject to pre-service review.	_	<u>-</u>
		Non Covered: Procedure/service not covered by the		
G9109	Onc dx head/neck T1-T2no prg	•	_	_
		Plan. Not subject to pre-service review.		
G9110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the	<u>_</u>	<u>_</u>
		Plan. Not subject to pre-service review.		
G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		<del>-</del>

G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the			_	
		Plan. Not subject to pre-service review.				
G9113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the				
65115	one ax ovarian signit bito pi	Plan. Not subject to pre-service review.	-	-	_	
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the				
G9114	One ax ovarian signa-b of 2	Plan. Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the				
G9115	Onc dx ovarian stg3/4 noprog	Plan. Not subject to pre-service review.	_	_	_	
		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.				
G9123	Onc dx CML chronic phase	Non Covered: Procedure/service not covered by the				
		Plan. Not subject to pre-service review.	_		<del>_</del>	
G9124	Onc dx CML acceler phase	Non Covered: Procedure/service not covered by the				
03124	Official Civil acceler phase	Plan. Not subject to pre-service review.	-	-	_	
C012F	One di CNAL black abore	Non Covered: Procedure/service not covered by the				
G9125	Onc dx CML blast phase	Plan. Not subject to pre-service review.	-	-	_	
		Non Covered: Procedure/service not covered by the				
G9126	Onc dx CML remission	Plan. Not subject to pre-service review.	_	_	_	
	Oncology; Disease Status; Limited To Multiple Myeloma	Tian. Not subject to pre-service review.				
C0130		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)					
G9129	Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by the				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Plan. Not subject to pre-service review.	-		<del>_</del>	
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the				
G3130	One dx maternycloma unknown	Plan. Not subject to pre-service review.	-	-	_	
C0121	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the				
G9131	One ax bist 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.	-	_	_	
		Non Covered: Procedure/service not covered by the				
G9133	Onc dx prostate clinical met	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G9134	Onc NHLstg 1-2 no relap no	•	_	_	_	
		Plan. Not subject to pre-service review.				
G9135	Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the				
		Plan. Not subject to pre-service review.		<del>-</del>		
G9136	Onc dx NHL trans to Ig Bcell	Non Covered: Procedure/service not covered by the				
63130	one ax title trains to 15 been	Plan. Not subject to pre-service review.	-	=	_	
G9137	Onc dx NHL relapse/refractor	Non Covered: Procedure/service not covered by the				
03137	One ux whe relapse/remactor	Plan. Not subject to pre-service review.	-	-	-	
00400	0 1 11111 1	Non Covered: Procedure/service not covered by the				
G9138	Onc dx NHL stg unknown	Plan. Not subject to pre-service review.	_	-	_	
		Non Covered: Procedure/service not covered by the				
G9139	Onc dx CML dx status unknown	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G9140	Frontier extended stay demo	•	_	_	_	
		Plan. Not subject to pre-service review.				

	O testing the constant in Testing the County and				
	Outpatient Intravenous Insulin Treatment (OIVIT) either	FILL Broad or front or to the state of the s			
00447	pulsatile or continuous by any means guided by the results				
G9147	of measurements for:respiratory quotient; and/or urine	subject to pre-service review. Check EIU policy, which is	_	_	-
	urea nitrogen (UUN); and/or arterial venous or capillary	one of our Clinical Payment and Coding Policy (CPCP).			
	glucose; and/or potassium concentration	Non Covered Procedure looping ast severed by the			
G9978	Remote E/M New Pt 10Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9980	Remote E/M New Pt 30 Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9981	Remote E/M New Pt 45Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9982	Remote E/M New Pt 60Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
G9983	Remote E/M Est. Pt 10Mins	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the			
G9984	Remote E/M Est. Pt 15Mins	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9985	Remote E/M Est. Pt 25Mins	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9986	Remote E/M Est. Pt 40Mins	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G9987	Bpci Advanced In Home Visit	Plan. Not subject to pre-service review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
H0046	Mental health service nos	classified, maybe subject to contract/clinical review.		_	_
		Unlisted: Procedure/service not specifically defined or			
H0047	Alcohol/drug abuse svc nos	classified, maybe subject to contract/clinical review.	_	-	_
		MP Criteria: Procedure/service reviewed against Medical			
J0129	Abatacept injection	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			
G0341	Percutaneous islet celltrans	Policy Criteria. Submit for Recommended Clinical Review		_	_
		to avoid post-service review.	_	=	-
		MP Criteria: Procedure/service reviewed against Medical			
J0202	Injection alemtuzumab	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			
G0342	Laparoscopy islet cell trans	Policy Criteria. Submit for Recommended Clinical Review	_	_	_
		to avoid post-service review.			

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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 — — — — — — — required per contract agreement.
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  required per contract agreement.
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 required per contract agreement.
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

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 required per contract agreement.	
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 required per contract agreement.	
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 _ to avoid post-service review.	
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 required per contract agreement.	
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 required per contract agreement.	
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 required per contract agreement.	
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 required per contract agreement.	
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.	
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.	
Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
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 required per contract agreement.	
	Injection edaravone 1 mg  Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise Per Session  Inj. ravulizumab-cwvz 10 mg  Inj evinacumab-dgnb 5mg  Injection inclisiran 1 mg  Epoprostenol injection  Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session  Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g. as a result of highly active antiretroviral therapy.)  Visit esketamine 56m or less	Darbepoetin alfa non-esrd  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 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 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 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: 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 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 p

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 required per contract agreement.	-	-
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 required per contract agreement.	-	-
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 required per contract agreement.	-	-
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 — — — — — — — — — required per contract agreement.
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 required per contract agreement.
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 — — — — — — — — — — — — — — — — — —
J1426	Injection casimersen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J2502	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 — — — — — — — — — — — — — — — — — —
J1427	Inj. viltolarsen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1429	Inj golodirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1632	Inj. brexanolone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1747	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.
J3032	Inj. 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

J3121	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 — — — — — required per contract agreement.
J3145	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.
J3241	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.
J3245	Inj. 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
J3285	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
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	-	-
		agreement.		
12227	lui ricauliaumah rana 1 ma	MP Criteria: Procedure/service reviewed against Medical		
J2327	Inj risankizumab-rzaa 1 mg	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	-
		Non Covered: Procedure/service not covered by the		
J3570	Laetrile amygdalin vit B17	Plan. Not subject to pre-service review.	-	_
		Unlisted: Procedure/service not specifically defined or		
13500	Unclassified biologies	classified, maybe subject to contract/clinical review.		
J3590	Unclassified biologics	Prior Authorization may be required per contract	_	-
		agreement.		
J3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or		
30001	2514 511 414.751 4146, 515 1165	classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
J2440	Injection Papaverine Hcl Up To 60 Mg	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7178	Inj human fibrinogen con nos	Policy Criteria. Submit for Recommended Clinical Review		
37170	ing numum normogen con nos	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		
17192	Factor vili recombinant NOS	classified, maybe subject to contract/clinical review.	_	_
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or		
,, 133	7 4000 1/1 1200 1120 1120 1120 1120 1120 11	classified, maybe subject to contract/clinical review.		
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or		
	<u> </u>	classified, maybe subject to contract/clinical review.		
J2777	Ini farisimah ayaa 0.1mg	MP Criteria: Procedure/service reviewed against Medical		
J2///	Inj faricimab-svoa 0.1mg	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
J2778	Injection Ranibizumab 0.1 Mg	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
17500	I	Unlisted: Procedure/service not specifically defined or		
J7599	Immunosuppressive drug noc	classified, maybe subject to contract/clinical review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
J7604	Acetylcysteine comp unit	subject to pre-service review. Check EIU policy, which is _		
	. to cytoy sterile comp unit	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
J7607	Levalbuterol comp con	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
J7610	Albuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
J7627	Budesonide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7628	Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7629	Bitolterol mesylate comp unt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7632	Cromolyn sodium comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7634	Budesonide comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7635	Atropine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

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
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 one of our Clinical Payment and Coding Policy (CPCP).
J7643	Glycopyrrolate 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).
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 one of our Clinical Payment and Coding Policy (CPCP).
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 one of our Clinical Payment and Coding Policy (CPCP).
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
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.	-	_
		Unlisted: Procedure/service not specifically defined or		
J8999	Oral prescription drug chemo	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
J9020	Asparaginase NOS	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
J2779	Ini susyima 0.1 mg	Policy Criteria. Submit for Recommended Clinical Review _		
J2779	Inj susvimo 0.1 mg	<del>-</del>	-	-
		to avoid post-service review.		
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
10222	Ini of auticion ad 2ma	Policy Criteria. Submit for Recommended Clinical Review		
J9332	Inj efgartigimod 2mg	to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
12200	Let the section			
J3299	Inj xipere 1 mg	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		Unlisted: Procedure/service not specifically defined or		
J9999	Chemotherapy drug	classified, maybe subject to contract/clinical review.	_	_
		Prior Authorization may be required per contract		_
		agreement.		
12522	51	MP Criteria: Procedure/service reviewed against Medical		
J3520	Edetate disodium per 150 mg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
17477		MP Criteria: Procedure/service reviewed against Medical		
J7177	Inj. fibryga 1 mg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
	Methyl Aminolevulinate (Mal) For Topical Administration	MP Criteria: Procedure/service reviewed against Medical		
J7309	16.8% 1 Gram	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7316	Injection Ocriplasmin 0.125 Mg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7402	Mometasone sinus sinuva	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J9600	Porfimer sodium injection	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
	W/c component-accessory NOS	Policy Criteria. Submit for Recommended Clinical Review		
K0108		to avoid post-service review.		
		Unlisted or Undefined: Procedures/services not	_	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		

		MP Criteria: Procedure/service reviewed against Medical
K0005	Ultralightweight wheelchair	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0010	Stnd wt frame power whichr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0011	Stnd wt pwr whichr w control	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0012	Ltwt portbl power whichr	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
V0043	Danish and a kink NOC	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
K0455	Pump uninterrupted infusion	Policy Criteria. Submit for Recommended Clinical Review
	, p p	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
к0800	POV group 1 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review
	8	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
	6	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
к0802	POV group 1 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review
	. 0. 0.000 2 131 000 103	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
к0806	POV group 2 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review
	1 0 1 Blook 2 3th ab to 300103	to avoid post-service review.
		to utola 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			
K0813	PWC gp 1 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		AND Citation December of the street and analysis And the l			
W004.4	DWG 4 . 1	MP Criteria: Procedure/service reviewed against Medical			
K0814	PWC gp 1 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MD Critoria, Dragadura (carries reviewed against Ma-di			
W0045	D140 4 1 1 1 1 1	MP Criteria: Procedure/service reviewed against Medical			
K0815	PWC gp 1 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0816	PWC gp 1 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _			
	. We Sp I sta cap than	to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
K0820	PWC gp 2 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review _			
	0, ,,	to avoid post-service review.	_	_	
		·			
		MP Criteria: Procedure/service reviewed against Medical			
K0821	PWC gp 2 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0822	PWC gp 2 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0823	PWC gp 2 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0824	PWC gp 2 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
-					

		MP Criteria: Procedure/service reviewed against Medical		
K0825	DIVIC on 2 hd can chair	Policy Criteria. Submit for Recommended Clinical Review		
KU623	PWC gp 2 hd cap chair	·	-	_
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
KOBSE	DIVIC on 2 yeld sout/back	·		
K0826	PWC gp 2 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
K0027	DMC and had an about	MP Criteria: Procedure/service reviewed against Medical		
K0827	PWC gp vhd cap chair	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		
K0830	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 _	_	_
		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 _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0836	PWC gp2 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0837	PWC gp 2 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	G. G	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		
	- OF STATE	to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
к0839	PWC gp2 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	o Spza s8 po ope 3/2	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 _		
10040	T WE gpz Alia sing pow opt 3/b	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 _		
10041	I WC 6PZ 3tu muit pow opt 3/0		-	_
		to avoid post-service review.  MR Critoria: Procedure/convice reviewed against Medical		
V0842	DWC and etd mult now ant can	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.		
K0043	DIA/C and but mouth many and a /h	MP Criteria: Procedure/service reviewed against Medical		
K0843	PWC gp2 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		

		MD Critoria: Procedure/consist reviewed against Madias!		
V0040	DIAIC on 2 and anot/hands	MP Criteria: Procedure/service reviewed against Medical		
K0848	PWC gp 3 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
V00.40	D. 10	MP Criteria: Procedure/service reviewed against Medical		
K0849	PWC gp 3 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		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 _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0855	PWC gp 3 xhd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0856	PWC gp3 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0857	PWC gp3 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
K0858	PWC gp3 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	31 31 1	to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
K0859	PWC gp3 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _		
	Obe	to avoid post-service review.	_	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical		
K0860	PWC gp3 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	. The Bho tile only hom ohr 3/ p	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
K0861	PWC gp3 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
K0001	I WC Bb3 sta mait bow obt s/D	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
K0862	DWC and he mult now ont of			
NUOUZ	PWC gp3 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
K0863	DIAC and what must record a /h	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.		

K0864	PWC gp3 xhd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _		
	- 01	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.		
		MP Criteria: Procedure/service reviewed against Medical		
K0870	PWC gp 4 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0871	PWC gp 4 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0877	PWC gp4 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	- OF OF F7	to avoid post-service review.	_	_
v.0000	2 1 11 : 110	Unlisted: Procedure/service not specifically defined or		
K0898	Power wheelchair NOC	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
K0878	PWC gp4 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1002	Ces system	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
	·	one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
V4.000		Non Covered: Procedure/service not covered by the	12/21/222	Retire effective
K1003	Whirlpool Tub Walkin Portabl	Plan. Not subject to pre-service review.	12/31/2023	12/31/2023
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1004	Lo freq us diathermy device	subject to pre-service review. Check EIU policy, which is		
11001	to freq as diatriciting device	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		ene or our dimensional agricultural documents (or or ye		
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1007	Bil hkaf pc s/d micro sensor	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		Retire effective
K1009	Speech volume modulation sys	subject to pre-service review. Check EIU policy, which is _	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
		511.5		
		EIU: Procedure/service not reimbursed by the Plan. Not	10/04/0000	Retire effective
K1018	Ext up limb tremor stim wris	subject to pre-service review. Check EIU policy, which is	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		

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
К1027	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.	-	-
К0886	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.	-	-
K0890	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.	-	-
K1020	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.	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.	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	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/31/2023 7/1/2023	Retire effective 12/31/2023
K1032	Non pneum seq comp full leg	<u>_</u>	12/31/2023 7/1/2023	Retire effective 12/31/2023
K1033	Non pneum seq comp half leg		12/31/2023 7/1/2023	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	<u> </u>	
	INDEPENDENTLY ARTICULATING DIGITS ANY GRASP	MP Criteria: Procedure/service reviewed against Medical	
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 _	
20323		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6930	Below elbow switch control	Policy Criteria. Submit for Recommended Clinical Review	
20330	Below cibow switch control	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6935	Below elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review _	
20333	below cibow myoelectrome et	to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6940	Elbow disarticulation switch	Policy Criteria. Submit for Recommended Clinical Review _	
10940	Libow disarticulation switch	<del>-</del>	
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	
16045	Elhaur disart mus alastrania a	·	
L6945	Elbow disart myoelectronic c	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	
1.5050		MP Criteria: Procedure/service reviewed against Medical	
L6950	Above elbow switch control	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
L6955	Above elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	
		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 _	
The second secon		to avoid post-service review.	

		MP Criteria: Procedure/service reviewed against Medical		
L6970	Interscapular-thor switch ct	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
L6975	Interseen they muccleatrenic			
10975	Interscap-thor myoelectronic	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.  Unlisted: Procedure/service not specifically defined or		
L7499	Upper extremity prosthes NOS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
L8039	Breast prosthesis NOS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
L8048	Unspec maxillofacial prosth	classified, maybe subject to contract/clinical review.	-	_
		Unlisted: Procedure/service not specifically defined or		
L8499	Unlisted misc prosthetic ser	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
L7008	Pediatric electric hand	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
L8605	Inj bulking agent anal canal	subject to pre-service review. Check EIU policy, which is _		
18003	ing buiking agent anal canal	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedure/service reviewed against Medical		
L7009	Adult electric hook	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
L8608	Arg ii ext com/sup/acc misc	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		
L7040	Prehensile actuator	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		·		
		MP Criteria: Procedure/service reviewed against Medical		
L8614	Cochlear Device	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		
L8615	Coch Implant Headset Replace	to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
L8616	Coch Implant Microphone Repl	Policy Criteria. Submit for Recommended Clinical Review		
20010	coar implant whatophone kepi	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 — — — — — — — required per contract agreement.
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 — — — — — — — — required per contract agreement.
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
L8628	Cid Ext Controller 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.

L8629	Cid Transmit Coil And Cable	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.
L8690	Aud Osseo Dev Int/Ext Comp	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.
L8691	Aoi Snd Proc Repl Excl Actua	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.
L8693	Aud Osseo Dev Abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L7045	Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L7170	Electronic elbow hosmer swit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
M0075	Cellular therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
M0240	Casiri and imdev repeat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
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 one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
M0245	bamlan and etesev infusion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
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 one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
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 specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q0240	Casirivi and imdevi 600mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
Q0243	casirivimab and imdevimab	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
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 one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
Q0245	bamlanivimab and etesevima	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-
Q0507	Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	_
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-	_

Q0510	Dispens fee immunosupressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.	_	-
L7181	Electronic elbo simultaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _	_	-
L7185	Electron elbow adolescent sw	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
Q2041	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.	-	-
Q2042	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 required per contract agreement.	-	-
Q2050	Doxorubicin inj 10mg	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Prior Authorization may be required per contract  agreement.	-	-
Q2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
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 required per contract agreement.	-	-
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 required per contract agreement.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
Q2056	Ciltacabtagene car-pos t	Policy Criteria. Submit for Recommended Clinical Review	_	_
		to avoid post-service review. Prior Authorization may be —	_	<u>-</u>
		required per contract agreement.		
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or		
4.000	- Cost supplies almotes	classified, maybe subject to contract/clinical review.		<del>-</del>
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or		
-	-ррр	classified, maybe subject to contract/clinical review.		<del>_</del>
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
Q4082	Drug/bio NOC part B drug CAP	Unlisted or Undefined: Procedures/services not	-	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
Q4100	Skin substitute NOS	to avoid post-service review.	_	_
		Unlisted or Undefined: Procedures/services not	<del>-</del>	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
17406	Plantan and base about a State of State	MP Criteria: Procedure/service reviewed against Medical		
L7186	Electron elbow child switch	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
L7190	Elbow adolescent myoelectron	Policy Criteria. Submit for Recommended Clinical Review _		
1/190	Elbow adolescent mydelectron	to avoid post-service review.	-	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4103	Oasis burn matrix	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		
Q4104	Integra BMWD	subject to pre-service review. Check EIU policy, which is		
	G .	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		MP Criteria: Procedure/service reviewed against Medical		
L7191	Elbow child myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review		
	,	to avoid post-service review.	_	_
		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 _	_	_
		to avoid post-service review.		_
		MP Criteria: Procedure/service reviewed against Medical		
L8604	Dextranomer/hyaluronic acid	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4111	Gammagraft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4112	Cymetra injectable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4113	Graftjacket xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
L8606	Synthetic implnt urinary 1ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L8612	Aqueous shunt prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
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

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 one of our Clinical Payment and Coding Policy (CPCP).
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 to avoid post-service review.
Q4134	hMatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4137	Amnioexcel biodexcel 1sq 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).

Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4139	Amnio or biodmatrix inj 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4141	Alloskin ac 1 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).
Q4142	Xcm biologic tiss matrix 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).
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
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

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
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
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
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4171	Interfyl 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4173	Palingen or palingen xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4174	Palingen or promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4175	Miroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4176	Neopatch or therion 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).
Q4177	Floweramnioflo 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).
Q4178	Floweramniopatch 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).
Q4179	Flowerderm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4181	Amnio wound 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).
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 one of our Clinical Payment and Coding Policy (CPCP).
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 one of our Clinical Payment and Coding Policy (CPCP).
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service 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 one of our Clinical Payment and Coding Policy (CPCP).
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
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
Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4199	Cygnus matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4201	Matrion 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).
Q4202	Keroxx (2.5g/cc) 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4203	Derma-gide 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4204	Xwrap 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
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
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
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

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 one of our Clinical Payment and Coding Policy (CPCP).
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 one of our Clinical Payment and Coding Policy (CPCP).
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
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

FILL Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is			
C9237 Cryo-cord per sq cm subject to pre-service review. Check EII policy, which is	Q4236	Carepatch per sq cm	subject to pre-service review. Check EIU policy, which is
Q4239 Derm-maxx per sq 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 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 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 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 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).	Q4237	Cryo-cord per sq cm	subject to pre-service review. Check EIU policy, which is
Amnio-maxx or lite per sq cm subject to pre-service review. Check EU policy, which is	Q4238	Derm-maxx per sq cm	subject to pre-service review. Check EIU policy, which is
Q4240 Corecyte topical only 0.5 cc 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 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Q4244 Procenta per 200 mg 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 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	Q4239	Amnio-maxx or lite per sq cm	subject to pre-service review. Check EIU policy, which is
Q4241 Polycyte topical only 0.5cc subject to pre-service review. Check EIU policy, which is	Q4240	Corecyte topical only 0.5 cc	subject to pre-service review. Check EIU policy, which is
Q4242 Amniocyte plus per 0.5 cc subject to pre-service review. Check EIU policy, which is	Q4241	Polycyte topical only 0.5cc	subject to pre-service review. Check EIU policy, which is
Q4244 Procenta per 200 mg subject to pre-service review. Check EIU policy, which is	Q4242	Amniocyte plus per 0.5 cc	subject to pre-service review. Check EIU policy, which is
Q4245 Amniotext per cc subject to pre-service review. Check EIU policy, which is	Q4244	Procenta per 200 mg	subject to pre-service review. Check EIU policy, which is
Q4246 Coretext or protext per cc subject to pre-service review. Check EIU policy, which is	Q4245	Amniotext per cc	subject to pre-service review. Check EIU policy, which is
	Q4246	Coretext or protext per cc	subject to pre-service review. Check EIU policy, which is
one of our Clinical Payment and Coding Policy (CPCP).	Q4247	Amniotext patch per sq cm	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
Q4249	Amniply 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).
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 one of our Clinical Payment and Coding Policy (CPCP).
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
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
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
Q4256	MIg complet per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

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 _ to avoid post-service 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 required per contract agreement.	-	-
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 required per contract agreement.	-	-
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 required per contract agreement.	-	-

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 — — — — — required per contract agreement.
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 — — — — — required per contract agreement.
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.
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
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review

Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical 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 — — — — — — — — — — — — — — — — — —
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
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.
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S3650	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S3652	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S4015	Complete IVF nos case rate	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S0013	Esketamine nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical 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.	
		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 _	_
		to avoid post-service review.	
C4000	Nicotine notely largered	Non Covered: Procedure/service not covered by the	
S4990	Nicotine patch legend	Plan. Not subject to pre-service review.	-
C4004	Nicotico cotolo con lacco d	Non Covered: Procedure/service not covered by the	
S4991	Nicotine patch nonlegend	Plan. Not subject to pre-service review.	-
C400F	Caralina assassina assas	Non Covered: Procedure/service not covered by the	
S4995	Smoking cessation gum	Plan. Not subject to pre-service review.	-
55025	Hill Deckies Decise Marie	Non Covered: Procedure/service not covered by the	
S5035	Hit Routine Device Maint	Plan. Not subject to pre-service review.	-
CE03C	Hit Davies Davein	Non Covered: Procedure/service not covered by the	
S5036	Hit Device Repair	Plan. Not subject to pre-service review.	-
CE100	Adult decrees any inner 1 Fasia	Non Covered: Procedure/service not covered by the	
S5100	Adult daycare services 15min	Plan. Not subject to pre-service review.	-
CE101	A dulk day save man half day	Non Covered: Procedure/service not covered by the	
S5101	Adult day care per half day	Plan. Not subject to pre-service review.	-
CE102	A dulb day as a disas	Non Covered: Procedure/service not covered by the	
S5102	Adult day care per diem	Plan. Not subject to pre-service review.	-
CE40E	Contrade and decrease and the con-	Non Covered: Procedure/service not covered by the	
S5105	Centerbased day care perdiem	Plan. Not subject to pre-service review.	-
CE100	Hamanan kusin uk 15 usin	Non Covered: Procedure/service not covered by the	
S5108	Homecare train pt 15 min	Plan. Not subject to pre-service review.	-
CE100	Hamana kada ak asada a	Non Covered: Procedure/service not covered by the	
S5109	Homecare train pt session	Plan. Not subject to pre-service review.	-
CE110	Family have a sense to the sense of the sens	Non Covered: Procedure/service not covered by the	
S5110	Family homecare training 15m	Plan. Not subject to pre-service review.	_
CEAAA	Facility of the control of the contr	Non Covered: Procedure/service not covered by the	
S5111	Family homecare train/sessio	Plan. Not subject to pre-service review.	-
C5445	New Court Indiana.	Non Covered: Procedure/service not covered by the	
S5115	Nonfamily homecare train/15m	Plan. Not subject to pre-service review.	_
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S5116	Nonfamily HC train/session	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
S5120	Chore services per 15 min	Non Covered: Procedure/service not covered by the		
	<u> </u>	Plan. Not subject to pre-service review.		
S5121	Chore services per diem	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		<del>-</del>
S5125	Attendant care service /15m	Non Covered: Procedure/service not covered by the		
00120	71001100110011000725111	Plan. Not subject to pre-service review.		
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the		
33120	Attendant care service / diem	Plan. Not subject to pre-service review.	_	_
		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		
		specifically defined or classified, maybe subject to	<del>-</del>	_
		contract/clinical review.		
		Non Covered: Procedure/service not covered by the		
S5135	Adult companioncare per 15m	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
S5136	Adult companioncare per diem	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5140	Adult foster care per diem	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.  Non Covered: Procedure/service not covered by the		
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	_	_
		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	_	_
		Plan. Not subject to pre-service review.		
S5165	Home modifications per serv	Non Covered: Procedure/service not covered by the		
	'	Plan. Not subject to pre-service review.		
S5170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by the		
	,,	Plan. Not subject to pre-service review.		

S5175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by the	_	_	_
		Plan. Not subject to pre-service review.			
S5181	HH respiratory thrpy nos/day	Unlisted: Procedure/service not specifically defined or	_	_	_
		classified, maybe subject to contract/clinical review.			
S5185	Med reminder serv per month	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.			
S5199	Personal care item nos each	Unlisted or Undefined: Procedures/services not	-	_	_
		specifically defined or classified, maybe subject to			
		contract/clinical review.			
CE 407	LUT anth anno man	Unlisted: Procedure/service not specifically defined or			
S5497	HIT cath care noc	classified, maybe subject to contract/clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical			
S2142	Cord blood-derived stem-cell	Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.	=	_	_
		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).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	subject to pre-service review. Check EIU policy, which is			
30131	INTERIERENTIAL CORRENT STIMOLATOR 4 CHANNEL	one of our Clinical Payment and Coding Policy (CPCP).	-	-	_
		one of our Chilical Payment and County Policy (CPCP).			
S8189	Trach supply noc	Unlisted: Procedure/service not specifically defined or			
36169	пасп зарріу пос	classified, maybe subject to contract/clinical review.	-	_	_
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by the			
30270	Ellulesis didilli	Plan. Not subject to pre-service review.		-	-
C0201	Infact control cumplies NOC	Unlisted: Procedure/service not specifically defined or			
S8301	Infect control supplies NOS	classified, maybe subject to contract/clinical review.	-	-	-
50450	Comingle most most	Non Covered: Procedure/service not covered by the			
S8460	Camisole post-mast	Plan. Not subject to pre-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical			
S2150	BMT harv/transpl 28d pkg	Policy Criteria. Submit for Recommended Clinical Review _			
		to avoid post-service review.	-	_	_
500.40		EIU: Procedure/service not reimbursed by the Plan. Not			
S8940	Hippotherapy per session	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			
S2202	Echosclerotherapy	Policy Criteria. Submit for Recommended Clinical Review _	-	_	_
		to avoid post-service review.			
50000	Dt as manin for maint	Non Covered: Procedure/service not covered by the			
S8990	Pt or manip for maint	Plan. Not subject to pre-service review.	-	-	-
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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
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
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
S9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S9381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9436	Lamaze class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9437	Childbirth refresher class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
S9438	Cesarean birth class	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
S9439	VBAC class	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the
S9442	Birthing class	Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
S9444	Parenting class	Plan. Not subject to pre-service review. — — — — — — — — — — Unlisted: Procedure/service not specifically defined or
S9445	PT education noc individ	classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
S9446	PT education noc group	Plan. Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not
S9447	Infant safety class	Non Covered: Procedure/service not covered by the  Plan. Not subject to pre-service review.
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.

Sy451 Exercise class	
Systa Stress mgmt class  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Systa Family stabilization 15 min  Systa HT inj noc per diem  Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately in Addition To Code For Primary Procedure/service reviewed against Medical  System (List Separately in Addition To Code For Primary Procedure)  Systa Incompl donor egg case rate  HT pharm per hour  Systa Branch Sir Pract visit  Non Covered: Procedure/service not specifically defined or classified, maybe subject to contract/clinical Review — — — — — — — — — — — — — — — — — — —	
Stress mgmt class    Plan. Not subject to pre-service review.	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  System System (List Separately In Addition To Code For Primary Procedure)  System (List Separately In Addition To Code For Primary Procedure)  Succedure)  MP Criteria: Submit for Recommended Clinical Review Plan. Not subject to orbitact/clinical review.  System (List Separately In Addition To Code For Primary Procedure/service reviewed against Medical Procedure)  Surgical Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical Procedure)  MP Criteria: Procedure/service reviewed against Medical Procedure)  MP Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed.  MP Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed.  MP Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed.  MP Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed.  System (List Separately Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed.  System (List Separately Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed.  System (List Separately Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed.  System (List Separately Medical Policy Criteria. Submit for Recommended Clinical Review — — — — — — — — — — — — — — — — — — —	
Fetoscop laser ther TTTS 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.	
S9482 Family stabilization 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
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.	
Surgical Techniques Requiring Use Of Robotic Surgical Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  Note The Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  Note The Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Policy Criteria. Submit for Recommended Clinical Review Unlisted: Procedure/service review.  System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review Policy Criteria. Submit for R	
Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review	
Procedure)  By Criteria: Procedure/service review.  MP Criteria: Procedure/service reviewed against Medical  Folicy Criteria. Submit for Recommended Clinical Review  to avoid post-service review.  Systa  HT pharm per hour  Christian Sci Pract visit  Unlisted: Procedure/service not specifically defined or  classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the	
MP Criteria: Procedure/service reviewed against Medical  Policy Criteria. Submit for Recommended Clinical Review	
S4023 Incompl donor egg case rate Policy Criteria. Submit for Recommended Clinical 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. — — — Non Covered: Procedure/service not covered by the	
S9810 HT pharm per hour  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. — — — — — — Non Covered: Procedure/service not covered by the	
Separation	
Classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
189900 Christian Sci Pract visit	
Plan Not subject to are conject review	
rian. Not subject to pre-service review.	
Non Covered: Procedure/service not covered by the  S9970 Health club membership yr	
Plan. Not subject to pre-service review.	
Non Covered: Procedure/service not covered by the	
S9975 Transplant Related Per Diem Plan. Not subject to pre-service review	
Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.	
S9976 Lodging per diem 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.	
S9977 Meals per diem Unlisted or Undefined: Procedures/services not	
specifically defined or classified, maybe subject to	
contract/clinical review.	
Non Covered: Procedure/service not covered by the	
S9981 Med record copy admin  Plan. Not subject to pre-service review.  — — — — — — — — — — — — — — — — — — —	
Non Covered: Procedure/service not covered by the	
S9982 Med record copy per page Plan. Not subject to pre-service review.	
Non Covered: Procedure/service not covered by the	
IS9986 Not medically necessary syc	
Plan. Not subject to pre-service review. — — — — — — — — Non Covered: Procedure/service not covered by the	
IS9988 Serv part of phase I trial	
Plan. Not subject to pre-service review.	
Services provided as part of  Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.	
Non Covered: Procedure/service not covered by the Services provided as part of	
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.	
Sepher Lodging costs (e.g. hotel ch 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 review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Telehealth transmit per min  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Titlo14  Telehealth transmit per min  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Titlo55  Elec med comp dev noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Titlo56  NOC retail items and supplies  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Tunity of the procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
Sales tax  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Telehealth transmit per min  Telehealth transmit per min  Plan. Not subject to pre-service not covered by the Plan. Not subject to pre-service review.  Telehealth transmit per min  Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Telemed comp dev noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Telemealth transmit per min  Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Telemealth transmit per min  Not 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 classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Telehealth transmit per min  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.  Telehealth transmit per min  Telehealth transmit per m	
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.  T1999 NOC retail items and supplies  Noc retail items and supplies  Habil ed waiver per diem  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.  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.	
T1505  Elec med comp dev noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  T1999  NOC retail items and supplies  T2012  Habil ed waiver per diem  Plan. Not subject to pre-service review.  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 classified, maybe subject to contract/clinical review.	
T1505 Elec med comp dev noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  T1999 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.	
T1999 NOC retail items and supplies  Habil ed waiver per diem  Classified, maybe subject to contract/clinical review.	
T1999 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.  — — — — — — — — — — — — — — — — — — —	
T2012 Habil ed waiver per diem  Classified, maybe subject to contract/clinical review.  Classified, maybe subject to contract/clinical review.  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.	
classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2013 Habil ed waiver per hour classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2014 Habil prevoc waiver per d classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2015 Habil prevoc waiver per hr classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2016 Habil res waiver per diem classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2017 Habil res waiver 15 min classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2018 Habil sup empl waiver/diem classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2019 Habil sup empl waiver 15min classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
T2020 Day habil waiver per diem	
classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
11/0/21 Day nanii waiyer ner 15 min	
classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
11/1/24 Serv asmnt/care plan waiver	
classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
11/0/25 Walver service nos	
classified, maybe subject to contract/clinical review.	
T2026 Special childcare waiver/d Unlisted: Procedure/service not specifically defined or	
classified, maybe subject to contract/clinical review.	
T2027 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.	
T2029 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	
12032	nes care nos waiver/month	classified, maybe subject to contract/clinical review. —	-
T2022	Dec accombined and disease	Unlisted: Procedure/service not specifically defined or	
T2033	Res nos waiver per diem	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2034	Crisis interven waiver/diem	classified, maybe subject to contract/clinical review.	-
		Unlisted: Procedure/service not specifically defined or	
T2035	Utility services waiver	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2036	Camp overnite waiver/session	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	
12033	venicle mod warver/service	classified, maybe subject to contract/clinical review.	
T2040	Financial maturaiyar/1Fmin	Unlisted: Procedure/service not specifically defined or	
T2040	Financial mgt waiver/15min	classified, maybe subject to contract/clinical review.	-
T0044		Unlisted: Procedure/service not specifically defined or	
T2041	Support broker waiver/15 min	classified, maybe subject to contract/clinical review.	-
		Non Covered: Procedure/service not covered by the	
T2101	Breast milk proc/store/dist	Plan. Not subject to pre-service review.	
		Unlisted: Procedure/service not specifically defined or	
T5999	Supply nos	classified, maybe subject to contract/clinical review.	_
		Non Covered: Procedure/service not covered by the	
V2025	Eyeglasses delux frames	·	
		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	
12000		classified, maybe subject to contract/clinical review.	
V2629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or	
V 2029	Prostrietic eye other type	classified, maybe subject to contract/clinical review. —	-
V2702	Delivire lease feature	Non Covered: Procedure/service not covered by the	
V2702	Deluxe lens feature	Plan. Not subject to pre-service review.	-
		Non Covered: Procedure/service not covered by the	
V2744	Tint photochromatic lens/es	Plan. Not subject to pre-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S4025	Donor serv IVE case rate	Policy Criteria. Submit for Recommended Clinical Review	
34023	Donor serv IVF case rate	·	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S4026	Procure donor sperm	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.		
V2799	Mica visian itam ar samina	· ·		
V2799	Misc vision item or service	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.		
	6.	MP Criteria: Procedure/service reviewed against Medical		
S4027	Store prev froz embryos	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		
	<u> </u>	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		
	5	classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
S4030	Sperm procure init visit	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
C4024	Sperm procure subs visit	MP Criteria: Procedure/service reviewed against Medical		
S4031		Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
C4040	Marc'l at a series and a 20 d	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.		
50025	Manager to a construction of the construction	MP Criteria: Procedure/service reviewed against Medical		
S8035	Magnetic source imaging	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
50000	A code de calanteration dation	MP Criteria: Procedure/service reviewed against Medical		
S8930	Auricular electrostimulation	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
00040	Landa allegation 45 mile	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.		
00117	Development of the	MP Criteria: Procedure/service reviewed against Medical		
S9117	Back school visit	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
S9335	UT homodialysis diam	MP Criteria: Procedure/service reviewed against Medical		
37333	HT hemodialysis diem	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical		
50472	Cardiac rehabilitation areas	·		
S9472	Cardiac rehabilitation progr	Policy Criteria. Submit for Recommended Clinical Review _	=	-
		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	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
V5363	Language Screening	Policy Criteria. Submit for Recommended Clinical Review _	
	88	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 12/31/29	— 19
0 1333	IVII D IVI NEONOELEETINODES	MP Criteria: Procedure/service reviewed against Medical	,,
		Policy Criteria. Submit for Recommended Clinical Review	
64575	OPN IMPLTJ NEA PERPH NERVE	to avoid post-service review. 7/15/2023 12/31/29	_ PQ
04373	OT WHAT END THERE	MP Criteria: Procedure/service reviewed against Medical	,,,
		Policy Criteria. Submit for Recommended Clinical Review	
64590	INSRT/REDO PN/GASTR STIMUL	·	_
04390	INSKT/ KEDO PN/GASTK STIMOL	to avoid post-service review. 7/15/2023 12/31/29  MP Criteria: Procedure/service reviewed against Medical	75
		·	
C1020	Consistent assume weeks had as	Policy Criteria. Submit for Recommended Clinical Review	_
C1820	Generator neuro rechg bat sy	to avoid post-service review. 7/15/2023 12/31/29	<del>1</del> 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 12/31/29	99
		Non Covered: Procedure/service not covered by the	
J1726	Makena 10 mg	Plan. Not subject to pre-service review. 7/15/2023 12/31/29	99 –
		Non Covered: Procedure/service not covered by the	
J1729	Inj hydroxyprogst capoat nos	Plan. Not subject to pre-service review. 7/15/2023 12/31/29	99 –
		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 12/31/29	99
		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 12/31/29	99

		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	_ _
10000	impit neurostim eitti eath	MP Criteria: Procedure/service reviewed against Medical	5
		Policy Criteria. Submit for Recommended Clinical Review	
L8681	Pt prgrm for implt neurostim		_
L0001	et pigitii foi lilipit fiedrostiili	to avoid post-service review. 7/15/2023 12/31/299  MP Criteria: Procedure/service reviewed against Medical	9
L8682	Implt neurostim radiofg rec	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 7/15/2023 12/31/299	_
L0002	impit neurostim radioiq rec	to avoid post-service review. 7/15/2023 12/31/299  MP Criteria: Procedure/service reviewed against Medical	9
		·	
1,0000	De die ferten erte fereien alle er en	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	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8689	External recharg sys intern	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	_
L8695	External recharg sys extern	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
J9029	Inj adstiladrin per tx dos	Policy Criteria. Submit for Recommended Clinical Review 8/1/2023 12/31/299	9 _
		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 12/31/299	9
		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 12/31/299	9
		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 12/31/299	9
	,	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 12/31/299	9
	20.10 000 101 111 p. 000 1 100 01	12/31/25	-

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
04304	Dermahind all nor as am	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2022	12/21/2000	
Q4284	Dermabind sl per sq cm		12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
0.4202	Pierra de la 21 anoma	Policy Criteria. Submit for Recommended Clinical Review		42/24/2000	-
Q4283	Biovance tri or 31 sq cm	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			_
Q4282	Curanus dual nor ca am	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
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			_
Q4281	Darrara clar di nav ca am	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
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			_
Q4280	Veall amnia matrix per ca em	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
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			_
04279	Frieffort norse on	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2022	12/31/2999	
Q4278	Epieffect 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			_
04277	Woundalus a grat par sa am	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2022	12/21/2000	
Q4277	Woundplus e-grat 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			_
04276	Orian nar sa am	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/21/2000	
Q4276	Orion 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			_
Q4275	Esano aca, nor sa cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q42/3	Esano aca per sq cm		12/1/2023	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 nor sa cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q4274	Esano ac per sq cm		12/1/2023	12/31/2333	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
Q4273	Econo 222 nor ca cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q4273	Esano aaa per sq cm		12/1/2023	17/21/233	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
04272	Ecano a nor co em	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2022	12/21/2000	
Q4272	Esano a per sq cm		12/1/2023	12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
J3396	Verteporfin injection	to avoid post-service review. 8/15/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
J0179	Inj brolucizumab-dbll 1 mg	to avoid post-service review. 8/15/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
J0178	Aflibercept injection	to avoid post-service review. 8/15/2	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)		_
C9785	Endo outlet restrict w/tube	12/1/2	2023 12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
		and of our Clinical Payment and Coding Policy (CDCD)		_
C9784	Endo sleeve gastro w/tube	12/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
90880	HYPNOTHERAPY	to avoid post-service review. 8/1/20	023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
67027	IMPLANT EYE DRUG SYSTEM	to avoid post-service review. 8/15/2	2023 12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
осост	ARTURN CLIT REGITTIVE IMARLT	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2	2022 42/24/2000	
0809T	ARTHRD SI JT PRQ TFX&IMPLT	MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	
		·		
0545T	TCAT TV ANNULUS RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 9/1/20	023 12/31/2999	-
03431	TCAT TV ANNOLOS KCNSTJ	to avoid post-service review. 9/1/20 MP Criteria: Procedure/service reviewed against Medical	025 12/31/2999	
		·		
0569T	TTVR PERQ APPR 1ST PROSTH	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 9/1/20	023 12/31/2999	-
05091	TIVN FENQ AFFN 131 FNO3TH	to avoid post-service review. 9/1/20	023 12/31/2999	
		NAD Criteria, Durandura (somina varianted agricat Nandical		
		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	9/1/20	023 12/31/2999	
		MD Criteria, December 1997 to		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
		to avoid post-service review.		
осоот	IDE ADITI 1 ITUM ODCAN DEDO	0/4/20	022 12/21/2000	
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	9/1/20	023 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		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	
		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		9/1/2023	12/31/2999	
98978	REM THER MNTR DEV SPLY CBT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-
A4341	Iduc valve pat inst repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	11/15/2023	12/31/2999	-
A4342	Iduc valve sply repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-
J7183	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMAN) WILATE 1 I.U. VWF:RCO	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			
J3111	Inj. romosozumab-aqqg 1 mg		3/1/2024	12/31/2999	Add effective 03/01/2024
J2796	Romiplostim injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
J2354	Octreotide inj non-depot	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	3/1/2024	12/31/2999	Add effective 03/01/2024
J2353	Octreotide injection depot	Policy Criteria. Submit for Recommended Clinical Review		12/31/2999	Add effective 03/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
J1930	Lanreotide injection	Policy Criteria. Submit for Recommended Clinical Review	3/1/2024	12/31/2999	Add effective 03/01/2024
11930	Lameotide injection		3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			
10405	Delete cout in lection		2/4/2024	12/21/2000	Add affaatii.a 02/01/2024
J0485	Belatacept injection		3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
0597T	TEMP FML IU VALVE-PMP RPLCMT	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	11/15/2023	12/31/2999	_
05971	TEIMIP FINIL TO VALVE-PIMP RPLCIMIT	<u> </u>	11/13/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		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	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
59072	UMBILICAL CORD OCCLUD W/US	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
59076	FETAL SHUNT PLACEMENT W/US	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2400	Fetal surg congen hernia	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2401	Fetal surg urin trac obstr	to avoid post-service review.  NIP CITTERIA: PROCEQUIE/SERVICE REVIEWED AGAINST INTEGRAL	10/1/2023	12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review			
S2402	Fetal surg cong cyst malf	top voidenas + 1000 dia reviewe agains invenicar	10/1/2023	12/31/2999	_
		Policy Criteria. Submit for Recommended Clinical Review			_
S2403	Fetal surg pulmon sequest	to avaid next continue 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.			_
		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		10/1/2023	12/31/2999	
	-	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2409	Fetal surg noc	to avoid post-service review.	10/1/2023	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 xI, 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	-
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).	10/1/2023	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).	10/1/2023	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).	10/1/2023	12/31/2999	-
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).	1/15/2024	12/31/2999	Add effective 1/15/2024
C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-

A4560	Nmes disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 1/14/2024	Add effective 10/15/2023 Retire effective 01/14/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
95982	IO GA N-STIM SUBSQ W/REPROG	to avoid post-service review. 10/1/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
J0174	Inj lecanemab-irmb 1 mg	to avoid post-service review. 9/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
K1017	Monthly supp use with k1016	to avoid post-service review. 10/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
K1016	Trans elec nerv for trigemin	to avoid post-service review. 10/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J0741	Inj cabote rilpivir 2mg 3mg	to avoid post-service review. 10/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	retire effective
		Policy Criteria. Submit for Recommended Clinical Review	03/14/2024
J0739	Injection cabotegravir 1 mg	to avoid post-service review. 10/15/2023 3/14/2024	03/14/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	Add effective 10/15/2023
		to avoid nost-service review	Retire effective
0322U	NEURO ASD MEAS 14 ACYL CARN	10/15/2023 2/1/2024	02/01/2024
		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)	
0322U	NEURO ASD MEAS 14 ACYL CARN	. 2/1/2024 12/31/2999	Add effective 02/01/2024
		MP Criteria: Procedure/service reviewed against Medical	
05004	IO ANNA CASTAL STIMA SURGO	Policy Criteria. Submit for Recommended Clinical Review	_
95981	IO ANAL GAST N-STIM SUBSQ	to avoid post-service review. 10/1/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
50746	51 ·	Policy Criteria. Submit for Recommended Clinical Review	_
E0746	Electromyograph biofeedback	to avoid post-service review. 11/1/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
93264	REM MNTR WRLS P-ART PRS SNR	to avoid post-service review. 10/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
22222	TOAT IN ARI. WARES	Policy Criteria. Submit for Recommended Clinical Review	-
33289	TCAT IMPL WRLS P-ART PRS SNR	to avoid post-service review. 10/15/2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
0422T	TACTILE BREAST IMG UNI/BI	to avoid post-service review. 11/15/2023 12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
0332T	HEART SYMP IMAGE PLNR SPECT	to avoid post-service review. 11/15/	/2023 12/31/2999	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
0072T	US LEIOMYOMATA ABLATE >200	to avoid post-service review. 12/1/20	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
0071T	US LEIOMYOMATA ABLATE <200	to avoid post-service review. 12/1/20	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
C9734	U/S trtmt not leiomyomata	to avoid post-service review. 12/1/20	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
64634	DCTDIANUNT ACT CALCIDADA	Policy Criteria. Submit for Recommended Clinical Review	12/24/2000	A d d = \$5 - 12 - 12 /4 /2022
64624	DSTRJ NULYT AGT GNCLR NRV	to avoid post-service review. 12/1/20 MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	Add effective 12/1/2023
0072T	FCSD US ABLTJ LEIOMYOM>=200	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 12/1/2	2023 12/31/2999	Add effective 12/1/2023
00721	PCSD OS ABETI LEIOWITOWI>-200	to avoid post-service review. 12/1/20 MP Criteria: Procedure/service reviewed against Medical	12/31/2999	Add effective 12/1/2023
		Policy Criteria. Submit for Recommended Clinical Review		
0200T	PERQ SACRAL AUGMT UNILAT INJ	to avoid post-service review. 1/1/20:	12/31/2999	Add effective 1/1/2024
02001	TENQUACINE AUGIST ONIEST IN	MP Criteria: Procedure/service reviewed against Medical	12/31/2333	7 Ida effective 1/ 1/ 202 i
		Policy Criteria. Submit for Recommended Clinical Review		
0201T	PERQ SACRAL AUGMT BILAT INJ	to avoid post-service review. 1/1/20	12/31/2999	Add effective 1/1/2024
	·	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
0071T	US LEIOMYOMATA ABLATE <200	to avoid post-service review. 12/1/20	2023 12/31/2999	Add effective 12/1/2023
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
05.467	RF SPECTRSC NTRAOP MRGN ASMT	As a visit a seak as a few as the co	10/04/0000	Add offortive 01/01/2024
0546T	RF SPECTRSC NTRAOP WRGIN ASWIT	to avoid post-service review. 1/1/203	12/31/2999	Add effective 01/01/2024
		MP Criteria: Procedure/service reviewed against Medical		Add effective 02/01/2024
		Policy Criteria. Submit for Recommended Clinical Review		Retire effective
0369U	IADNA GI PTHGN 31 ORG&21 ARG	to avoid post-service review. 2/1/20	5/14/2024	05/14/2024
03030		2, 1, 20.	3/11/2021	, .
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		Add effective
0369U	IADNA GI PTHGN 31 ORG&21 ARG	one of our Clinical Payment and Coding Policy (CPCP). $5/15/20$	2024 12/31/2999	05/015/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
	DEDG CA CDAL ALIGNAT DILAT INI	the south and according to the		
0201T	PERQ SACRAL AUGMT BILAT INJ	to avoid post-service review. 1/1/20:	12/31/2999	Add effective 01/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
0200T	PERQ SACRAL AUGMT UNILAT INJ	to avoid post-service review. 1/1/20	12/31/2999	Add effective 01/01/2024
02001	TENQ SACINE ACCION CIVILAT INS	. 1/1/20.	724 12/31/2333	Add Circuit 01,01,2024

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			
0494T	PREP & CANNULI CDVR DON LUNG	to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
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.		12/31/2999	Add effective 02/01/2024
04931	WINTE COVE DON ENG 131 2 TIKS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	l	12/31/2999	7400 CHECUTE 02/02/2021
0496T	MNTR CDVR DON LNG EA ADDL HR	to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
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 05/15/2024
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 05/15/2024
22837	ANT THRC VRT BODY TETHRG 8+	EIU: Procedure/service not 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 05/15/2024
22838	REV RPLC/RMV THRC VRT TETHRG	EIU: Procedure/service not 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 05/15/2024
27278	ARTHRD SI JT PRQ WO TFXJ 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).	5/15/2024	12/31/2999	Add effective 05/15/2024
31242	NSL/SINUS NDSC RF ABLTJ PNN	EIU: Procedure/service not 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 05/15/2024
31243	NSL/SINUS NDSC CRYOABLTJ PNN	EIU: Procedure/service not 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 05/15/2024
33276	INSJ PHRNC NRV STIM 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).	5/15/2024	12/31/2999	Add effective 05/15/2024

		EIU: Procedure/service not reimbursed by the Plan. Not	
33277	INSJ PHRNC NRV STIM TRANSVNS	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 05/15/2024
33277	INSTITUTE WAY STIMI TRANSPOS	, , , , , , , , , , , , , , , , , , , ,	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
33278	RMVL PHRNC NRV STIM SYS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/2999	Add effective 05/15/2024
			<u> </u>
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
33279	RMVL PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 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	
33280	RMVL PHRNC NRV STIM PG ONLY	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 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	
33281	REPOSG PHRNC NRV STIM TRNSVN	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
33287	RMV&RPLCMT PHRNC NRV STIM PG	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 05/15/2024
33287	NAVORNI ECIVIT FIINNE NINV STIVITO	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
33288	RMV&RPLCMT PHRNC NRV STIM LD	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 05/15/2024
		, , , , , , , , , , , , , , , , , , , ,	
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
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
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
53855	INSERT PROST URETHRAL STENT	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
22452	TUES A SV. A ST. V. A	subject to pre-service review. Check EIU policy, which is	A.I.I. 66
93150	THERAPY ACTIVATION IPNSS	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/2999	Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
93151	INTERROG&PRGRMG IPNSS	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 05/15/2024
33131	THE SEA HOLDING II 100		611666146 03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
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

		EIU: Procedure/service not reimbursed by the Plan. Not	
93153	INTERROG W/O PRGRMG IPNSS	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
0790Т	REVJ RPLCMT/RMVL VRT TETHRG	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
A4540	Trans elec nerv periph nerv	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
A4542	Supp ext up limb tremor stim	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
C1832	Auto cell process sys	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
E0732	Ces system	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
E0734	Ext up limb tremor stim wris	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	
E3000	Speech volume modulation sys	one of our Clinical Payment and Coding Policy (CPCP). 5/15/2024 12/31/29	99 Add effective 05/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
S0596	Phakic iol refractive error	to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
J9334	Inj efgart-alfa 2mg hya-qvfc	to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
J9333	Inj ronzanolixizum-noli 1 mg	to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
J3401	Vyjuvek 5x10^9pfu/ml 0.1 ml	to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
J2508	Pegunigalsidase alfa-iwxj	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			
J1413	Inj delandistrogene mox rokl	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			
J1412	Inj roctavian ml 2x10^13vc g	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			
J1304	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
E3000	Speech volume modulation sys	to avoid post-service review.	2/15/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
E0735	Non-invasive vagus nerv stim	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
E0734	Ext up limb tremor stim wris	to avoid post-service review.	2/15/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
E0733	Trans elec nerv for trigemin	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
E0732	Ces system	to avoid post-service review.	2/15/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
E0682	Non pneum compress full arm	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			
E0681	Non pneu comp control w/o ca	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.			

		MP Criteria: Procedure/service reviewed against Medical	
E0679	Non pneum seq comp half leg	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
E0678	Non pneum seq comp full leg	to avoid post-service review. 2/15/2024 12/31/29	99 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	to avoid post-service review. 2/1/2024 12/31/29	99 Add effective 02/1/2024
		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 12/31/29	99 Add effective 05/15/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
C2623	Cath translumin drug-coat	to avoid post-service review. 2/1/2024 12/31/29	99 Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	Add effective 02/1/2024 Retire effective
C1832	Auto cell process sys	to avoid post-service review. 2/1/2024 5/14/202	4 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
A9291	Pres dig cog behav thera fda	to avoid post-service review. 2/1/2024 12/31/29	99 Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	Add effective 02/15/2024 Retire effective
A4542	Supp ext up limb tremor stim	to avoid post-service review. 2/15/2024 5/14/202	4 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
A4541	Monthly supp use with e0733	to avoid post-service review. 2/15/2024 12/31/29	99 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 5/14/202	Add effective 02/15/2024 Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical	
97037	APPL MODALITY 1+LLLT PO PAIN	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024 12/31/29	99 Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	Add effective 02/15/2024 Retire effective
93153	INTERROG W/O PRGRMG IPNSS	to avoid post-service review. 2/15/2024 5/14/202	4 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.	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.	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.	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.	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.	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.	12/31/2999	Add effective 02/15/2024
64596	INS/RPLCMT PRQ ELTRD RA PN 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/15/2024
61892	RMV SK-MNT CRNL NSTM PG/RCVR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/15/2024
61891	REV/RPLCMT SK-MNT CRNL NSTM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/15/2024
61889	INS SK-MNT CRNL NSTM PG/RCVR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/15/2024
61645	PERQ ART M-THROMBECT &/NFS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/1/2024
58580	TRANSCRV ABLTJ UTRN FIBRD RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2999	Add effective 02/15/2024

52284	CYSTO RX BALO CATH URTL STRX	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
33288	RMV&RPLCMT PHRNC NRV STIM LD	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
33287	RMV&RPLCMT PHRNC NRV STIM PG	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
33281	REPOSG PHRNC NRV STIM TRNSVN	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
33280	RMVL PHRNC NRV STIM PG ONLY	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
33279	RMVL 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
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.		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.		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.		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.		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.		5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medica			
0308T	INSJ OCULAR TELESCOPE PROSTH	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	/ 2/15/2024	12/31/2999	Add effective 02/15/2024
\$8040	Topographic brain mapping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	I	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.	I	12/31/2999	Add effective 03/15/2024
Q4303		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
<u>(</u> 4505	Complete aa per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is		0/30/2024	00/30/2024
Q4303	Complete aa per sq cm	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
0.4000		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		10/04/0222	A.I.I. (f
Q4302	Complete aca per sq cm	, , , , , , , , , , , , , , , , , , , ,	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.		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

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is			
Q4296	Rebound matrix per sq cm	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
Q4293	Acesso 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
Q4292	Lamellas 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
Q4292	Lamellas 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
Q4291	Lamellas xt 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
Q4291	Lamellas xt 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

Q4290	Membrane wrap hydr 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
Q4290	Membrane wrap hydr 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
Q4289	Revoshield+ amnio 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
Q4289	Revoshield+ amnio 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
Q4288	Dermabind ch 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
Q4288	Dermabind ch 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
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.	ı	6/30/2024	Add effective 03/15/2024 Retire effective 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).		12/31/2999	Add effective 07/01/2024
J7183	Telladje de per sq diri	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.		12/31/2999	Add effective 04/01/2024

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
J2796	Romiplostim injection		/2024 12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
J2354	Octreotide inj non-depot	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		
J2353	Octreotide injection depot	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		
J1930	Lanreotide injection		<sup>'</sup> 2024 12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
J0485	Belatacept injection		<sup>'</sup> 2024 12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
E0530	Electronic posa treatment		<sup>'</sup> 2024 12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
E0493	Oral dv/app neuromus mouthpi		<sup>'</sup> 2024 12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review	1000	A I I SS
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).	/2024 12/31/2999	Add effective 04/01/2024
C9790	Kpi iiitst exci aiii ect iist	MP Criteria: Procedure/service reviewed against Medical	2024 12/31/2333	Add effective 04/01/2024
		Policy Criteria. Submit for Recommended Clinical Review		
C9161	Inj aflibercept hd 1 mg		/2024 12/31/2999	Add effective 05/01/2024
	, , , , , , , , , , , , , , , , , , , ,	MP Criteria: Procedure/service reviewed against Medical	, , , , , ,	
		Policy Criteria. Submit for Recommended Clinical Review		
C1778			/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		
A2026	Restrata minimatrix 5 mg	one of our Clinical Payment and Coding Policy (CPCP). 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		
95962	ELECTRODE STIM BRAIN ADD-ON		<sup>'</sup> 2024 12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
92972	PERQ TRLUML CORONRY LITHOTRP		<sup>'</sup> 2024 12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		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	I		
		Policy Criteria. Submit for Recommended Clinical Review	,		
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	I		
		Policy Criteria. Submit for Recommended Clinical Review	,		
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	ı İ		
		Policy Criteria. Submit for Recommended Clinical Review			
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	ı		A 11 - 15 - 11 - 05 /45 /2024
		Policy Criteria. Submit for Recommended Clinical Review	,		Add effective 05/15/2024
		to avoid post-service review.		2 / 2 2 / 2 2 2 2	Retire effective
61783	SCAN PROC SPINAL		5/15/2024	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			
64700	SOAN PROGSPINAL	one of our Clinical Payment and Coding Policy (CPCP).	7/4/2024	12/21/2000	
61783	SCAN PROC SPINAL		7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
42050	DECONSTRUCTION OF TUROAT	Policy Criteria. Submit for Recommended Clinical Review		42/24/2000	A d d = \$6 = 21 = 0.4 /0.4 /202.4
42950	RECONSTRUCTION OF THROAT	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
424.45	DEDAID DALATE DUADVAIV (LIVILLA	Policy Criteria. Submit for Recommended Clinical Review		42/24/2000	A d d = \$6 = 21 = 0.4 /0.4 /202.4
42145	REPAIR PALATE PHARYNX/UVULA	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica			
424.40	EVCICIONI OF LIVILIA	Policy Criteria. Submit for Recommended Clinical Review	4/1/2024	12/21/2000	Add offertive 04/01/2024
42140	EXCISION OF UVULA	to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medica	1 1	12/31/2999	Add effective 04/01/2024
41530	TONGUE BASE VOL REDUCTION	Policy Criteria. Submit for Recommended Clinical Review	4/1/2024	12/31/2999	Add effective 04/01/2024
41330	TONGOE BASE VOL REDUCTION	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			
21246	RECONSTRUCTION OF JAW	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
21240	RECONSTRUCTION OF JAW	MP Criteria: Procedure/service reviewed against Medica		12/31/2399	Add effective 04/01/2024
		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
212 13	RECONSTRUCTION OF SAM	MP Criteria: Procedure/service reviewed against Medica	1 1	12/31/2333	rida effective o 17 o 17 2 o 2 i
		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
21244		MP Criteria: Procedure/service reviewed against Medica		12,01,200	7.44 6.1664.16 6 1, 61/2021
		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 Medica		7.5 7.1555	, , , , , , , , , , , , , , , , , , , ,
		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

0864T	LOW NTSTY ESWT CORPUS CVRNSM	EIU: Procedure/service not 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
0863T	RLCJ PG WCS LV TRNSMTR ONLY	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 04/01/2024
0862T	RLCJ PG WCS LV BATTERY ONLY	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1	12/31/2999	Add effective 04/01/2024
0861T	RMVL PG WCS LV BOTH COMPNT	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1	12/31/2999	Add effective 04/01/2024
0818T	REVJ/RMVL INS PTN SUBQ	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	ıl	6/30/2024	Add effective 05/15/2024 Retire effective 06/30/2024
0818T	REVJ/RMVL INS PTN SUBQ	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		12/31/2999	Add effective 07/01/2024
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	ıl	6/30/2024	Add effective 05/15/2024 Retire effective 06/30/2024
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	EIU: Procedure/service not 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
0813T	EGD VOL ADJMT BARIATRIC BALO	MP Criteria: Procedure/service reviewed against Medica Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		6/30/2024	Add effective 04/01/2024
0813T	EGD VOL ADJMT BARIATRIC 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).	7/1/2024	12/31/2999	Add effective 07/01/2024
0789T	ELEC ALY CPX IINS SP/SAC NRV	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
0788T	ELEC ALY SMP IINS SP/SAC NRV	Policy 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
0787T	REVJ/RMVL NEA SAC W/NSTIM	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 04/01/2024

		MP Criteria: Procedure/service reviewed against Medica	al		
		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		MP Criteria: Procedure/service reviewed against Medica		7.5 7.5.5	
		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	al		
		Policy Criteria. Submit for Recommended Clinical Review	v		
0619T	CYSTO W/PRST8 COMMISSUROTOMY	to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024
		FILL Presedure/consists not reimbursed by the Plan Not			
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0619T	CYSTO W/PRST8 COMMISSUROTOMY	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	al		
		Policy Criteria. Submit for Recommended Clinical Review	v		
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	al		
		Policy Criteria. Submit for Recommended Clinical Review	v		
0417T	PRGRMG EVAL CARDIAC MODULJ	to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medica	al		
		Policy Criteria. Submit for Recommended Clinical Review	v		
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	al		
		Policy Criteria. Submit for Recommended Clinical Review	V		
0415T	REPOS CAR MODULJ 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	al		
		Policy Criteria. Submit for Recommended Clinical Review	v		
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			
		Policy Criteria. Submit for Recommended Clinical Review			
0413T	RMVL CAR MODULJ 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	al		
		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			
		Policy Criteria. Submit for Recommended Clinical Review			
0411T	INSJ/RPLC CAR MODULJ VNT 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			
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 Medical	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
Q4305		EIU: Procedure/service not reimbursed by the			
		Plan. Not subject to pre-service review. Check EIU			
		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			
Q4306		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			
04207		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
		EIU: Procedure/service not reimbursed by the			
Q4308		Plan. Not subject to pre-service review. Check EIU			
Q4306		policy, which is one of our Clinical Payment and			Add effective
	Sanopellis, per sq cm	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
Q4309		EIU: Procedure/service not reimbursed by the			
		Plan. Not subject to pre-service review. Check EIU			
		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		EIU: Procedure/service not reimbursed by the			
		Plan. Not subject to pre-service review. Check EIU			
		policy, which is one of our Clinical Payment and			Add effective
	Procenta, per 100 mg	Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024

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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.

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