

## Predetermination, Post-Service Review and Non-Covered 2022 Commercial Benefit Procedure Code List

Posted May 2022

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

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

- Subject to a medical necessity review,
- Candidates for a predetermination,
- Not a benefit for our members,
- Considered experimental, investigational and unproven (EIU), or
- Not on our prior authorization list (with some exceptions based on members' benefit plans)

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

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

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

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

		Note: Some codes v	vill appear twice if Ending Da	ate and Effective Date are within the same quarter period.		
Code	Code Description	Code Group & Description	Medical Policy No.	Medical Policy Title	Effective Date	<b>Ending Date</b>
00104	Anesth Electroshock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.013	Electroconvulsive Therapy	_	=
00640	Anesth Spine Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
00797	Anesth Surgery For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-
11200	Removal Of Skin Tags <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.</td><td>-</td><td>-</td><td>10/1/2021</td><td>-</td></w>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	10/1/2021	-
11200	Removal Of Skin Tags <w 15<="" td=""><td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.</td><td>SUR716.001</td><td>Cosmetic and Reconstructive Procedures</td><td>=</td><td>9/30/2021</td></w>	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	=	9/30/2021
11201	Remove Skin Tags Add-On	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	10/1/2021	=
11201	Remove Skin Tags Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	9/30/2021
11920	Correct Skin Color 6.0 Cm/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures	_	_
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Reconstructive Breast Surgery  Cosmetic and Reconstructive Procedures		
11921	Correct Skn Color 6.1-20.0Cm	for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
11922	Correct Skin Color Ea 20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
344	COTTECT SKILL COLOT EN 20.0CM	for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
11950	Tx Contour Defects 1 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures		
11950	Tx Contour Defects 1 Cc/<	for predetermination to avoid post-service review.	SUR717.001 SUR706.009	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	-	-
			SUR716.001	Cosmetic and Reconstructive Procedures		
11951	Tx Contour Defects 1.1-5.0Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
11952	Tx Contour Defects 5.1-10Cc	for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		.,	SUR706.009	Sleep Related Breathing Disorders: Surgical Management		
11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	TX CONTOGE DETECTS 7 20.0 CC	for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	-
11960	Insert Tissue Expander(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
11900	insert (Issue Expander(s)	for predetermination to avoid post-service review.			-	-
11970	Rplcmt Tiss Xpndr Perm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.001	Breast Implant, Removal and/or Insertion Cosmetic and Reconstructive Procedures	_	_
			SUR716.011 RX501.063	Reconstructive Breast Surgery  Compounded Drug Products		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Compounded Drug Products  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
11980	Implant Hormone Pellet(S)	for predetermination to avoid post-service review.	RX501.007	Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty	_	_
			RX501.076	Testosterone Replacement Therapies		
15758	Free Fascial Flap Microvasc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	-	-
15769	Grfg Autol Soft Tiss Dir Exc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.021	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	1/15/2021	
	drig Addorsort Has bit Exc	for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	1,13,1021	-
15771	Grfg Autol Fat Lipo 50 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.021	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	1/15/2021	_
-		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011 SUR716.021	Reconstructive Breast Surgery  Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast		
15772	Grfg Autol Fat Lipo Ea Addl	for predetermination to avoid post-service review.  MP Criteria: Procedure/service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011	Reconstructive Breast Surgery	1/15/2021	-
15775	Hair Trnspl 1-15 Punch Grfts	for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	=	-
15776	Hair Trnspl >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	=	=
			THE801.028	Acne Management		
15780	Dermabrasion Total Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
1-3700		for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			THE801.030	Nonpharmacologic Treatment of Rosacea		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures		
15781	Dermabrasion Segmental Face	for predetermination to avoid post-service review.	SUR717.001	Cosmetic and Reconstructive Procedures  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	-
		p	THE801.030	Nonpharmacologic Treatment of Rosacea		
			THE801.028	Acne Management		
15782	Dermabrasion Other Than Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
23,02	aurusion other manrate	for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
			THE801.030	Nonpharmacologic Treatment of Rosacea		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028 SUR716.001	Acne Management Cosmetic and Reconstructive Procedures		
15783	Dermabrasion Suprfl Any Site	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		for predecer miniation to avoid post-service review.	THE801.030	Nonpharmacologic Treatment of Rosacea		
		AND COLOR OF THE C	THE801.028	Acne Management		
15786	Abrasion Lesion Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures	_	_
I		for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		

			TUE004 020			
15787	Abrasion Lesions Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15788	Chemical Peel Face Epiderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028 SUR716.018	Acne Management Chemical Peels		
13700	Chemical Feet Face Epiderin	for predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	<u>-</u>	
15789	Chemical Peel Face Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR716.018 SUR717.001	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		tor predetermination to avoid post-service review.	THE801.030 THE801.028	Oenider Assignment surgery and Gender Reassignment surgery with Related Services Nonpharmacologic Treatment of Rosacea Acne Management		
15792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.018 SUR717.001	Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	=	=
			THE801.030 THE801.028	Nonpharmacologic Treatment of Rosacea Acne Management		
15793	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.018 SUR717.001	Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15820	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.030 SUR716.004 SUR717.001	Nonpharmacologic Treatment of Rosacea Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	
15821	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	=	=
15822	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15823	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.004 SUR717.001 SUR716.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Cosmetic and Reconstructive Procedures	-	
15824	Removal Of Forehead Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR712.031	Cosmical and Neconstructive Processings Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	=	=
15825	Removal Of Neck Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15826	Removal Of Brow Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15828	Removal Of Face Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.031 SUR716.001 SUR717.001	Surgical Deactivation of Headache Trigger Sites Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
15829	Removal Of Skin Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	=	-
15830	Exc Skin Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		_
15832	Euring Europeine Chie 77 11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures Godde Actingment Surgery, and Godde Reportingment Surgery with Belated Society		
13032	Excise Excessive Skin Thigh	for predetermination to avoid post-service review.	SUR717.001 SUR701.024 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	-	-
15833	Excise Excessive Skin Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15834	Excise Excessive Skin Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15835	Excise Excessive Skin Buttck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.024 SUR716.001 SUR717.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
13033	Excise Excessive Skill Butter	for predetermination to avoid post-service review.	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	_	
15836	Excise Excessive Skin Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	=	=
15837	Excise Excess Skin Arm/Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	=	=
15838	Excise Excess Skin Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.024 SUR716.001 SUR717.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		for predetermination to avoid post-service review.	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15839	Excise Excess Skin & Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	=	=
15847	Exc Skin Abd Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.017 SUR716.001 SUR701.024	Surgical Treatment of Gynecomastia Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	=	_
15876	Suction Lipectomy Head&Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15877	Suction Lipectomy Trunk	for predetermination to avoid post-service review.	SUR717.001 SUR701.024 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services  Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	=	=
15878	Suction Lipectomy Upr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15879	Suction Lipectomy Lwr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	_
15999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.024	Surgery for Lipedema and Lymphedema	=	_
17106	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028 SUR704.008	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.030 THE801.028	Nonpharmacologic Treatment of Rosacea Acne Management		
17107	Destruction Of Skin Lesions	for predetermination to avoid post-service review.	SUR704.008 THE801.030	Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	-	-
17108	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR704.008 THE801.030	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	-	-
17340	Cryotherapy Of Skin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Acne Management	_	_
17360	Skin Peel Therapy	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028	Acne Management	_	_
17380	Hair Removal By Electrolysis	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
17999	Skin Tissue Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	- The sample of	_	-
19105	Cryosurg Ablate Fa Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	-	-
19300	Removal Of Breast Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.017 SUR717.001	Surgical Treatment of Gynecomastia	=	-
19303	Mast Simple Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR716.015 SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk-Reducing (Prophylactic) Mastectors Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	=	=
19316	Suspension Of Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR716.010 SUR716.011	Mastopexy Reconstructive Breast Surgery	-	-
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit.	SUR716.011 SUR716.012 SUR717.001	Reconstructive Breast Surgery Reduction Mammaplasty Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	
19325	Breast Augmentation W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011 SUR716.009	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	=	-
19328	Rmvl Intact Breast Implant  Rmvl Ruptured Breast Implant	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	-	-
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	=	-
19340	Insj Breast Implt Sm D Mast	for predetermination to avoid post-service review.	SUR717.001 SUR716.011 SUR716.009	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	-	=
19342	Insj/Rplcmt Brst Implt Sep D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR716.011	Breast implant, kemoval and/or insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	-	-
19350	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	-	-
19355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure (provice project Medical Policy Criteria, Submit	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
19357	Tiss Xpndr Plmt Brst Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011	Reconstructive Breast Surgery	=	=
19370 19371	Revj Peri-Implt Capsule Brst  Peri-Implt Capslc Brst Compl	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.011 SUR716.009	Reconstructive Breast Surgery  Breast Implant, Removal and/or Insertion	=	-
1	myn capsic brat Compr	for predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-

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40.400		MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR716.021 SUR701.037	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving		
19499	Breast Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.031 SUR716.011	Surgery Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT)	-	-
20527	Inj Dupuytren Cord W/Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RXS01.073	Reconstructive Breast Surgery  Clostridial Collagenase for Fibroproliferative Disorders		
20327	inj bupaytren cora w/ Enzyme	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RA3U1.U/3	Cioxinala Conagenase for Fibropromerative disorders	-	-
20560	Ndl Insj W/O Njx 1 Or 2 Musc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.018	Dry Needling of Trigger Points for Myofascial Pain	-	-
20561	Ndl Insi W/O Nix 3+ Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702 018	Dry Needling of Trigger Points for Myofascial Pain		
		Policy (CPCP).  MB Critoria: Procedure/consist reviewed against Medical Believ Critoria. Submit			=	-
20983	Ablate Bone Tumor(S) Perq	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	-	-
20985	Cptr-Asst Dir Ms Px	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	-	-
20999	Musculoskeletal Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_			_
21073	Mnpj Of Tmj W/Anesth	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.016	Manipulation Under Anesthesia		
	Prepare Face/Oral Prosthesis	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)		_
		contract/clinical review.	SUR716.001	Cosmetic and Reconstructive Procedures	=	=
21120	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	_	_
		for predetermination to avoid post-service review.	SUR706.009 SUR705.010	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)		
			SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21121	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.030 SUR706.009	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	=	-
			SUR705.010 SUR716.001	Temporomandibular Joint (TMJ) Disorders (TMJD)  Cosmetic and Reconstructive Procedures		
21122		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21122	Reconstruction Of Chin	for predetermination to avoid post-service review.	SUR705.030 SUR706.009	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	=	=
			SUR705.010 SUR716.001	Temporomandibular Joint (TMJ) Disorders (TMJD) Cosmetic and Reconstructive Procedures		
21123	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	=	_
		ioi predetermination to avoid post-service review.	SUR706.009 SUR705.010	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)		
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	-	-
21127	Augmentation Lower Law Rone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery		
	Augmentation Lower Jaw Bone	require Prior Authorization per contract agreement.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	=	-
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
21146	Lefort I-2 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	=	=
21147	Lefort I-3/> Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
21150	Lefort li Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
21151	Lefort li W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	_	-
21154	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	_	_
21155	Lefort lii W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery	_	_
21159	Lefort Iii W/Fhdw/O Lefort I	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery	_	
21160	Lefort lii W/Fhd W/ Lefort I	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery		_
	Reconstruction Of Midface	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery	=	-
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery  Orthognathic Surgery		
	Reconstruct Upper Jaw Bone	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may			=	=
	Augmentation Of Facial Bones	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.030	Orthognathic Surgery	-	=
21209	Reduction Of Facial Bones	require Prior Authorization per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	SUR705.030	Orthognathic Surgery Orthognathic Surgery	-	-
21248	Reconstruction Of Jaw	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-	-	-	-	-
21249	Reconstruction Of Jaw	service review.	-	-	-	-
	Cranio/Maxillofacial Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	_
21499	Head Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	-
21899	Neck/Chest Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
22505	Manipulation Of Spine	for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	=	_
22586	Prescri Fuse W/ Instr L5-S1	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.038	Axial Lumbosacral Interbody Fusion		
		Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				-
	Spine Surgery Procedure	contract/clinical review.	=	=	=	-
22999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
23929	Shoulder Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Criteria.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR705.032	Shoulder Resurfacing	-	-
24300	Manipulate Elbow W/Anesth	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.016	Manipulation Under Anesthesia		
	Upper Arm/Elbow Surgery	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				-
	7 11 11 21 7	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.016	- Manipulation Under Apacthesia	-	-
	Manipulate Wrist W/Anesthes	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	1112003.010	Manipulation Under Anesthesia	-	-
	Forearm Or Wrist Surgery	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	-	-
26340	Manipulate Finger W/Anesth	for predetermination to avoid post-service review.  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit	THE803.016	Manipulation Under Anesthesia	-	-
26341	Manipulat Palm Cord Post Inj	for predetermination to avoid post-service review.	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	-	-
26989	Hand/Finger Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
27275	Manipulation Of Hip Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	=	=
27279	Arthrodesis Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.033	Sacroillac Joint Fusion or Stabilization	-	-
27280	Fusion Of Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.033	Sacroiliac Joint Fusion or Stabilization	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR702.017 SUR705.019	Facet Joint and Sacroiliac Joint Denervation Hip Resurfacing (HR)		
27299	Pelvis/Hip Joint Surgery	require Prior Authorization per contract agreement until 04/01/2022.	SUR705.036	Surgery for Groin Pain in Athletes	=	=
27412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.029 SUR705.035	Surgical Treatment of Femoroacetabular Impingement (FAI)  Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	Moved to PA list	12/31/2021
27599	Leg Surgery Procedure	require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
27702	Reconstruct Ankle Joint	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR705.021	Total Ankle Replacement (TAR)	-	-
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR705.021		_	-
	Reconstruction Ankle Joint	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Total Ankle Replacement (TAR)	=	-
	Fixation Of Ankle Joint	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	THE803.016	Manipulation Under Anesthesia	-	-
	Leg/Ankle Surgery Procedure	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	-	-	-	-
28446	Osteochondral Talus Autogrft	require Prior Authorization per contract agreement.	SUR705.020	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	-	-

		FILL December / coming and spinely used by the Disa Naturalization are service				
28890	Hi Enrgy Eswt Plantar Fascia	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
28899	Fact/Tana Surana Danashura	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Foot/Toes Surgery Procedure	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		-	-	-
	Addition Of Walker To Cast	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
29799	Casting/Strapping Procedure	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=	<u> </u>	=	-
29862	Hip Arthr0 W/Debridement	for predetermination to avoid post-service review.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29866	Autgrft Impint Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.020 SUR705.035	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	-	-
29868	Meniscal Trnspl Knee W/Scpe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until	SUR705.034	Meniscal Allografts and Other Meniscal Implants	1/1/2022	_
		04/01/2022.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
29914	Hip Arthro W/Femoroplasty	for predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29915	Hip Arthro Acetabuloplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	
23313	Trip At till o Acetabalopiasty	04/01/2022.	301703.029	Sulgical Headment of Felloroacetabular Imprigement (174)	1/1/2022	-
29916	Hip Arthro W/Labral Repair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
		04/01/2022.  MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)		
29999	Arthroscopy Of Joint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR705.041 SUR705.024	Thermal Capsulorrhaphy as a Treatment of Joint Instability Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	-	-
30400	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	_
30410	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	_	_
30420	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
30430	Revision Of Nose	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR706.001 SUR717.001	Nasal and Sinus Surgery  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
30435	Revision Of Nose	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR706.001 SUR717.001	Nasal and Sinus Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		-
30450	Revision Of Nose	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR706.001 SUR717.001	Nasal and Sinus Surgery  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR706.001	Nasal and Sinus Surgery	-	-
30468	Rpr Nsi Viv Collapse W/Implt	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR706.017	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	2/15/2021	5/14/2021
30468	Rpr NsI VIv Collapse W/Implt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR706.017	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	5/15/2021	-
30999	Nasal Surgery Procedure	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR706.001			
		contract/clinical review. May require PA per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR706.019	-	_	_
	Sinus Surgery Procedure	contract/clinical review. May require PA per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR706.001	-	=	-
	Larynx Surgery Procedure	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	-	-
31647	Bronchial Valve Init Insert	for predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	-
31648	Bronchial Valve Remov Init	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	=	=
31649	Bronchial Valve Remov Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	-
31651	Bronchial Valve Addl Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	-
31899	Airways Surgical Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	_	_	_
32994	Ablate Pulm Tumor Perq Crybl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	
	Ablate Pulm Tumor Perg Rf	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.038	Microwave Tumor Ablation		
		for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	-
	Chest Surgery Procedure	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-		=	=
	Insert Card Electrodes Dual	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	-	
33213	Insert Pulse Gen Dual Leads	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	=	
33225	L Ventric Pacing Lead Add-On	for predetermination to avoid post-service review.	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	-	-
33274	Tcat Insj/Rpl Perm Ldls Pm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.030	Leadless Cardiac Pacemaker	=	=
33275	Tcat Rmvl Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.030	Leadless Cardiac Pacemaker	-	-
33285	Insj Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	-	-
33286	Rmvl Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	#N/A	#N/A	_	3/31/2021
33289	Tcat Impl Wrls P-Art Prs Snr	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED202.058	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting		
33542	Removal Of Heart Lesion	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.026	Cardiac Restoration and Remodeling Procedures		
	nemoval of flear tessor	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Criteria.	SUR707.026	Cardiac Restoration and Remodeling Procedures	-	
33999	Cardiac Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.009 SUR703.027	Percutaneous and Surgical Closure of the Left Atrial Appendage for Stroke Prevention in Atrial Fibrillation Stem-Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia	-	-
36299	Vessel Injection Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_	_
36465	Njx Noncmpnd ScIrsnt 1 Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management		
36466	Njx Noncmpnd ScIrsnt MIt Vn	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	- Varicose Vein Management		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016			
	Njx ScIrsnt Spider Veins	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Varicose Vein Management	=	-
	Njx ScIrsnt 1 Incmptnt Vein	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management	-	
36471	Njx ScIrsnt MIt Incmptnt Vn	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR707.016	Varicose Vein Management	-	-
36473	Endovenous Mchnchem 1St Vein	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR707.016	Varicose Vein Management	-	-
2047		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
36474	Endovenous Mchnchem Add-On	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR707.016	Varicose Vein Management	=	=
36475	Endovenous Rf 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	
36476	Endovenous Rf Vein Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
36478	Endovenous Laser 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management	_	_
	Endovenous Laser Vein Addon	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management		
	Endoven Ther Chem Adhes 1St	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management  Varicose Vein Management		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	
	Endoven Ther Chem Adhes Sbsq	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR707.016	Varicose Vein Management	-	-
	Apheresis Immunoads SIctv	require Prior Authorization per contract agreement.	THE802.003	Lipid Apheresis	=	=
36522	Photopheresis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.026	Extracorporeal Photopheresis (ECP)	-	-
37215	Transcath Stent Cca W/Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	=	=
37216	Transcath Stent Cca W/O Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	
37217	Stent Placemt Retro Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.028	Extracranial Carotid Angioplasty or Stenting	-	-
37218	Stent Placemt Ante Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.028	Extracranial Carotid Angioplasty or Stenting	_	_
37241	Vasc Embolize/Occlude Venous	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	_	_
	Vasc Embolize/Occlude Artery	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions		
-		for predetermination to avoid post-service review.  MD Critoria: Precedure/cruice reviewed against Medical Policy Critoria. Submit	RAD601.047	Radioembolization for Primary and Metastatic Tumors of the Liver	-	
37243	Vasc Embolize/Occlude Organ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.015 THE801.022	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions Transcatheter Arterial Chemoembolization (TACE) of the Liver	=	=
37244	Vasc Embolize/Occlude Bleed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	_	-
		2. 2.2. Communication to around post-set vice review.				

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37500	Endoscopy Ligate Perf Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	=	=
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
37700	Revise Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	_
37718	Ligate/Strip Short Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management		
37722		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016			
	Ligate/Strip Long Leg Vein	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Varicose Vein Management		
37735	Removal Of Leg Veins/Lesion	for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37760	Ligate Leg Veins Radical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	=
37761	Ligate Leg Veins Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	=
37765	Stab Phleb Veins Xtr 10-20	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management		
37766	Phleb Veins - Extrem 20+	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
37780	Revision Of Leg Vein	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management	-	
37785	Ligate/Divide/Excise Vein	for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37799	Vascular Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
38129	Laparoscope Proc Spleen	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	_
		Contracty Chillean Tevrew.	SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)  Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma  Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38204	BI Donor Search Management	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	_	=
		ioi predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias  Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults  Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Turnors  Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.037 SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.043	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.047	Hematopoletic Cell Transplantation as a Treatment of Acute Lymphobiastic Leukemia (ALL)  Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer  Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38205	Harvest Allogeneic Stem Cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	=	=
		.,	SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas  Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
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			SUR703.043	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
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			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38206	Harvest Auto Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
	COL POLO SIGIII CEIIS	require Prior Authorization per contract agreement.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias  Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	=
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults  Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)  Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.002 SUR703.043	Recipient Information)		
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			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer  Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Emoryonal Tumors and Ependymoma  Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38207	Cryopreserve Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas  Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas  Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			SUR703.045	Hematopoietic Cell Transplantation for Walderstrom Wateroglobulinemia  Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
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			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)
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			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma  Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia
38208		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer  Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)
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			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia
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38209	Wash Harvest Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer
50203	wasii ilai vest Stelli Celis	for predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias — — — — — — — — — — — — — — — — — — —
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas
1			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults  Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)
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1			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)
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			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma  Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia
38210	T-Cell Depletion Of Harvest	for predetermination to avoid post-service review.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer  Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias – – – – – – – – – – – – – – – – – – –
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas
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			SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis Hematopoietic Cell Transplantation for Solid Tumors in Children
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors  Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)
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38211	Tumor Cell Deplete Of Harvst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for credetermination to audid not service enview.	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.041 SUR703.041 SUR703.034 SUR703.034	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer Hematopoietic Cell Transplantation for Central Nerrous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Central Nerrous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Cromoit Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Oxarian Cancer
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			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults  Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas  Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome	
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis	
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			SUR703.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)  Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and	
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			SUR703.035	Hematopoletic Cell Transplantation for Malignant Astrocytomas and Gliomas  Hematopoletic Cell Transplantation for Miscellaneous Solid Tumors in Adults	
1			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas  Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome	
1			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis	
1			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia	
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)  Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and	
			SUR703.002 SUR703.043	Recipient Information)	
			SUR703.047 SUR703.036	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)	
			SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer	
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	
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			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas  Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas  Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome	
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			SUR703.043	Recipient Information)  Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)	
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38242	Transpit Allo Lymphocytes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR 703.037 SUR 703.002 SUR 703.002 SUR 703.047 SUR 703.047 SUR 703.047 SUR 703.046 SUR 703.039 SUR 703.039 SUR 703.039 SUR 703.039 SUR 703.041 SUR 703.044 SUR 703.045 SUR 703.045 SUR 703.045 SUR 703.045 SUR 703.045 SUR 703.055 SUR 703.045 SUR 703.055 SUR 703.055 SUR 703.065 SUR 703.045	Henatopoletic Cell Transplantation for Acute Myelogenous Leukemia (ANL) Henatopoletic Cell Transplantation (HCI) or Additional Influsion Following Preparative Regimens (General Donor and Recipient Information) Henatopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Henatopoletic Cell Transplantation for Acquire dimmunodeficiency Syndrome (AIDS) Henatopoletic Cell Transplantation for Acquire dimmunodeficiency Syndrome (AIDS) Henatopoletic Cell Transplantation for Seast Cancer Hematopoletic Cell Transplantation for Enest Cancer Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma (SLL) Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoletic Cell Transplantation for Moselianous Solid Tumors in Adults Hematopoletic Cell Transplantation for Miscellanous Solid Tumors in Adults Hematopoletic Cell Transplantation for Non-Hodgish Lymphomas Hematopoletic Cell Transplantation for Plasma Cell Dycrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for Plasma Cell Dycrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL) Hematopoletic Cell Transplantation for New Medicans Myelogenous Leukemia (ANL)	-	-
38243	Transplj Hematopoletic Boost	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.002 SUR703.047 SUR703.047 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.039 SUR703.039 SUR703.031 SUR703.034 SUR703.034 SUR703.035 SUR703.040 SUR703.035 SUR703.040 SUR703.035 SUR703.040 SUR703.035 SUR703.040 SUR703.040 SUR703.040 SUR703.040 SUR703.040 SUR703.040 SUR703.040	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Perast Cancer Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma (SLL) Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Sentelic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Modelin Ammonia (Ll) Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Pinnary Systemic Amyloidoosis Hematopoietic Cell Transplantation for Neople Operasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Pinnary Systemic Amyloidoosis Hematopoietic Cell Transplantation for Neople Operasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Neople Operasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Neople Operasias (Note Mematopoietic Cell Transplantation for Pinnary Systemic Amyloidoosis	-	-
38308	Incision Of Lymph Channels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	=	
38589	Laparoscope Proc Lymphatic	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
38999	Blood/Lymph System Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		_	_	_
	Chest Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Diaphragm Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Lip Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	-
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	=
40899	Mouth Surgery Procedure	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	=	-	=	=
41530	Tongue Base Vol Reduction	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.021 SUR706.009	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver Sleep Related Breathing Disorders: Surgical Management	=	=
41599	Tongue And Mouth Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
41820	Excision Gum Each Quadrant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	_	=	_
41821	Excision Of Gum Flap	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
41822	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
41823	Excision Of Gum Lesion	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
41828	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
41830	Removal Of Gum Tissue	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
41870	Gum Graft	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
	Repair Gum	Service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		<u>-</u>		_
41874	Repair Tooth Socket	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		<u>-</u>		_
	Dental Surgery Procedure	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	-	=	=
42145	Repair Palate Pharynx/Uvula	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	=	=
	Palate/Uvula Surgery	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to		acceptanted areating poor decay on great management		-
	Salivary Surgery Procedure	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	-
42999	Throat Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	-
		contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-	_
43206	Esoph Optical Endomicroscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.038	Confocal Laser Endomicroscopy (CLE)	=	-
43210	Egd Esophagogastrc Fndoplsty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	
43236	Uppr Gi Scope W/Submuc Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003 RX501.019	Bariatric Surgery Botulinum Toxin	-	-
42252	5.10.0.15	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)		
43252	Egd Optical Endomicroscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.038	Confocal Laser Endomicroscopy (CLE)	-	-
43253	Egd Us Transmural Injxn/Mark	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	_
43257	Egd W/Thrml Txmnt Gerd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	=	-
43284	Laps Esophgl Sphnctr Agmntj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR709.036	Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)	-	-
43289	Laparoscope Proc Esoph	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED201.016	Device Therapies for Gastroesophageal Reflux Disease (GERD)	=	=
42400	Farabassa C	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED201.016			
	Esophagus Surgery Procedure	contract/clinical review. May require PA per contract agreement until 03/31/2022		-	=	=
43633	Removal Of Stomach Partial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.003	Bariatric Surgery	=	-
	Lap Gastric Bypass/Roux-En-Y	for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	-
	Laparoscope Proc Stom	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Critaria: Procedure/service reviewed against Medical Policy Criteria. Submit.	=	-	-	-
	Lap Place Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/crysics reviewed against Medical Policy Criteria. Submit	SUR716.003	Bariatric Surgery	-	-
	Lap Revise Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service accidenced pariety Medical Policy Criteria. Submit	SUR716.003	Bariatric Surgery	-	
43772	Lap Rmvl Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	_
43773	Lap Replace Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	_
43774	Lap Rmvl Gastr Adj All Parts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	_
43775	Lap Sleeve Gastrectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	_
	V-Band Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	
	Gastroplasty W/O V-Band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	
43845	Gastroplasty Duodenal Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	-

43846	Gastric Bypass For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	-
43847	Gastric Bypass Incl Small I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.003	Bariatric Surgery		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	
43848	Revision Gastroplasty	for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	=	-
43886	Revise Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	-	=
43887	Remove Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.003	Bariatric Surgery		
43888	Channe Castria Bast Oasa	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.003	Paristria Corner		
43888	Change Gastric Port Open	for predetermination to avoid post-service review.		Bariatric Surgery	-	-
43999	Stomach Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	=	-
44238	Laparoscope Proc Intestine	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
44705	B	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.049	E LINE DE LE CONTROL DE LE CONTROL DE LE CONTROL DE LA CON		
44705	Prepare Fecal Microbiota	for predetermination to avoid post-service review.		Fecal Microbiota Transplantation (FMT)	-	-
44799	Unlisted Px Small Intestine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	=	=	-
44899	Bowel Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
44979	Laparoscope Proc App	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	саратозсоре ггос Арр	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	_	-
45399	Unlisted Procedure Colon	contract/clinical review.	-	=	=	-
45499	Laparoscope Proc Rectum	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	=	=	_
45999	Rectum Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
43333	Necturi Surgery Procedure	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-	-
46707	Repair Anorectal Fist W/Plug	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR709.032	Plugs for Fistula Repair	_	_
		Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
46999	Anus Surgery Procedure	contract/clinical review.	=	-	=	-
47370	Laparo Ablate Liver Tumor Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR709.029	Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	=	_
47379	Laparoscope Procedure Liver	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	=	-
47380	Open Ablate Liver Tumor Rf	for predetermination to avoid post-service review.	SUR709.029	Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
47382	Percut Ablate Liver Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.038 SUR709.029	Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	=	=
47399	Liver Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to		episonen, programme, promotore error rumora		
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	
47579	Laparoscope Proc Biliary	contract/clinical review.	=	=	-	-
47999	Bile Tract Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. May require PA per contract agreement until 03/31/2022.				
48999	Pancreas Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	-	-
49329	Laparo Proc Abdm/Per/Oment	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_			
40550		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to		<u>-</u>		
49659	Laparo Proc Hernia Repair	contract/clinical review.	=	=	-	-
49999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	=	-
50250	Cryoablate Renal Mass Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.007	Kidney Transplant		
50360	Transplantation Of Kidney	for predetermination to avoid post-service review.	SUR703.008	Liver Transplant and Combined Liver-Kidney Transplant	=	-
50549	Laparoscope Proc Renal	Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR703.013	Pancreas and Related Organ Tissue Transplantation		
30349	сарагозсоре РГОС Кепат	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- SUR701.038	— Microwave Tumor Ablation	=	-
50592	Perc Rf Ablate Renal Tumor	for predetermination to avoid post-service review.	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	-
50593	Perc Cryo Ablate Renal Tum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	=	-
50949	Laparoscope Proc Ureter	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	=	-
51715	Endoscopic Injection/Implant	for predetermination to avoid post-service review.	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	=	-
51999	Laparoscope Proc Bla	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	-
52327	Cystoscopy Inject Material	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR710.022	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)		
	.,,	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
52441	Cystourethro W/Implant	for predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	=	-
52442	Cystourethro W/Addl Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	-
53855	Insert Prost Urethral Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.025	Temporary Prostatic Stent		
		for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				_
53860	Transurethral Rf Treatment	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR710.021	Radiofrequency Energy Therapy for Stress Urinary Incontinence (SUI)	-	-
53899	Harlan Correspond	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
53899	Urology Surgery Procedure	contract/clinical review.	-	=	-	-
54125	Removal Of Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
54200	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.073 MED201.030	Clostridial Collagenase for Fibroproliferative Disorders Sexual Dysfunctions. Assessment and Treatment	=	
54205	Treatment Of Penis Lesion	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.073	Sexual Dystunctions, Assessment and Treatment Clostridial Collagenase for Fibroproliferative Disorders		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.030 RX501.073	Sexual Dysfunctions, Assessment and Treatment	-	-
54235	Penile Injection	for predetermination to avoid post-service review.	MED201.030	Clostridial Collagenase for Fibroproliferative Disorders Sexual Dysfunctions, Assessment and Treatment	-	_
54400	Insert Semi-Rigid Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	-	-
54401	Insert Self-Contd Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.030 SUR717.001	Sexual Dysfunctions, Assessment and Treatment Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	_
54405	Insert Multi-Comp Penis Pros	for predetermination to avoid post-service review.	MED201.030	Sexual Dysfunctions, Assessment and Treatment	-	
54660	Revision Of Testis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
54699	Laparoscope Proc Testis	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Laparo Proc Spermatic Cord	contract/clinical review.	=	Cohombine Niconalis Charles and H.	-	-
55706	Prostate Saturation Sampling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.015	Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer, Including Comprehensive 3D Mapping with Biopsy		_
55880	Abltj Mal Prst8 Tiss Hifu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.014	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer	2/1/2021	_
		for predetermination to avoid post-service review.  MR Criteria: Procedure (corpules reviewed against Medical Relies Criteria, may	SUR717.014	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer		
55899	Genital Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022.	SUR701.031	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT)	=	=
55970	Con Townsian Control of Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR710.019	Nerve Graft With Radical Prostatectomy		
229/0	Sex Transformation M To F	for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
55980	Sex Transformation F To M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		-
56805	Repair Clitoris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
	Repair Of Perineum	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.030	Sexual Dysfunctions, Assessment and Treatment	=	
57291	Construction Of Vagina	for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	=	=
57292	Construct Vagina With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
57335	Repair Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	· -	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.030	Sexual Dysfunctions, Assessment and Treatment	=	=
57426	Revise Prosth Vag Graft Lap	for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
58578	Laparo Proc Uterus	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	=	-
58579	Hysteroscope Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
58674	Laps Abltj Uterine Fibroids	for predetermination to avoid post-service review.	SUR701.033	Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	-	-
	Laparo Proc Oviduct-Ovary	Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	-	=
58679	Laparo Froc Oviduct-Ovary	contract/clinical review.				

E0000						
58999	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	-	_
59897	Fetal Invas Px W/Us	MP Criteria: Procedure/service reviewed against Medical Criteria.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR701.016	Fetal Surgery for Prenatally Diagnosed Malformations		
	,,,	contract/clinical review.				_
59898	Laparo Proc Ob Care/Deliver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
59899	Maternity Care Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
60659	Laparo Proc Endocrine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
60699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Endocrine Surgery Procedure	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-			-
61630	Intracranial Angioplasty	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED202.064 SUR701.027	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61635	Intracran AngiopIsty W/Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED202.064	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	=	-
	Perq Art M-Thrombect &/Nfs	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	=	
61650	Evasc Pring Admn Rx Agnt 1St	for predetermination to avoid post-service review.	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	_
61651	Evasc Pring Admn Rx Agnt Add	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	=	-
61850	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR712.025 SUR712.039	Deep Brain Stimulation (DBS)  Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Englessy	-	_
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.009	Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy  Auditory Brainstem Implant		
61863	Implant Neuroelectrode	require Prior Authorization per contract agreement.	SUR712.025 SUR712.039	Deep Brain Stimulation (DBS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	=	=
61864	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.009 SUR712.025	Auditory Brainstem Implant Deep Brain Stimulation (DBS)		
01004	implant rear octocarde read	require Prior Authorization per contract agreement.	SUR712.039	Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	=	-
62263	Epidural Lysis Mult Sessions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
62263	Epidural Lysis Mult Sessions	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712 024	Lysis of Epidural Adhesions	2022-08-01	
02203	Epidul al Eysis Walt Sessions	Policy (CPCP).	301712:024	Lysis of Epidulal Mullesions	2022-08-01	-
62264	Epidural Lysis On Single Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
62264	Epidural Lysis On Single Day	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712 024	Lysis of Epidural Adhesions	2022-08-01	
	, and any on single pay	Policy (CPCP).				_
64561	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	-
64581	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	-
64582	Opn Mpltj Hpglsl Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	2022-05-01	_
64628	Trml Dstrj los Bvn 1St 2 L/S	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
04020	Datij tos BVII 13t 2 L/S	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	3511702.020	and opposed vegical characteristics and around the payment residual server for the Treatment of Low Back Pain	2022-03-01	2022-07-31
64628	Trml Dstrj los Bvn 1St 2 L/S	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	_
64629	Trml Dstrj los Bvn Ea Addl	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
04023	TITIII DSUIJ IOS BVII EA AUUI	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	30K702.020	intraosseous radion equency were Adiation of the basivertebrar were for the freatment of Low back Pain	2022-05-01	2022-07-31
64629	Trml Dstrj los Bvn Ea Addl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	_
64640	Injection Treatment Of Nerve	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR705.040	Ablation of Peripheral Nerves to Treat Pain	5/15/2021	
04040	injection freatment of Nerve	for predetermination to avoid post-service review.	RX501.019	Autotion of Periphetal Net Ves to Treat Pain	3/13/2021	_
			SUR703.003 SUR702.017			
			RX504.015			
			SUR712.024 SUR701.031			
64999	Nervous System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Terrous system surgery	contract/clinical review. May require PA per contract agreement.	SUR710.019 SUR712.033	=	-	-
			MED205.032			
			MED205.035 MED205.036			
			MED205.039			
65760		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	MED201 039			
	Revision Of Cornea					
	Revision Of Cornea	service review.	-	-	-	-
65770	Revision Of Cornea  Revise Cornea With Implant	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.030	- Keratoprosthesis	-	-
		service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.030 SUR713.031	- Keratoprosthesis Implantation of Intrastromal Corneal Ring Segments	- -	- -
65770 65785	Revise Cornea With Implant	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			- - -	- -
65770 65785 66174	Revise Cornea With Implant Impltj Ntrstrml Crnl Rng Seg	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031	Implantation of Intrastromal Corneal Ring Segments	-	-
65770 65785 66174 66175	Revise Cornea With Implant Impltj Ntrstrml Crnl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt	service review.  MF Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MF Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MF Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031 SUR713.032 SUR713.032	Implantation of intrastromal Corneal Ring Segments  Viscocanalostomy and Canaloplasty  Viscocanalostomy and Canaloplasty	-	-
65770 65785 66174 66175 66179	Revise Cornea With Implant Impltj Nitrstrml Crnl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt Aqueous Shunt Eye W/O Graft	service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031 SUR713.032 SUR713.032 SUR713.034	Implantation of Intrastromal Corneal Ring Segments  Viscocanalostomy and Canaloplasty  Viscocanalostomy and Canaloplasty  Aqueous Shunts and Stents for Glaucoma	-	- - - -
65770 65785 66174 66175	Revise Cornea With Implant Impltj Ntrstrml Crnl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for zerdetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031 SUR713.032 SUR713.032	Implantation of intrastromal Corneal Ring Segments  Viscocanalostomy and Canaloplasty  Viscocanalostomy and Canaloplasty	- - - - - - 5/1/2021	- - - - -
65770 65785 66174 66175 66179	Revise Cornea With Implant Impltj Nitrstrml Crnl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt Aqueous Shunt Eye W/O Graft	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031 SUR713.032 SUR713.032 SUR713.034	Implantation of Intrastromal Corneal Ring Segments  Viscocanalostomy and Canaloplasty  Viscocanalostomy and Canaloplasty  Aqueous Shunts and Stents for Glaucoma	-	-
65770 65785 66174 66175 66179 66180	Revise Cornea With Implant Impltj Ntrstrml Crrl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031 SUR713.032 SUR713.032 SUR713.034 SUR713.034	Implantation of Intrastromal Corneal Ring Segments  Viscocanalostomy and Canaloplasty  Viscocanalostomy and Canaloplasty  Aqueous Shunts and Stents for Glaucoma  Aqueous Shunts and Stents for Glaucoma	-	
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69799	Middle Ear Surgery Procedure	contract/clinical review.	=	-	=	=
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	=
69949	Inner Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to		_	_	_
69979	Temporal Bone Surgery	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		<u>-</u>	_	_
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76496	Fluoroscopic Procedure	contract/clinical review.	-	-	-	_
76497	Ct Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
76498	Mri Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
76499	Radiographic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
76999	Echo Examination Procedure	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	-	=
77299	Radiation Therapy Planning	contract/clinical review.	-	<del>-</del>	-	=
77399	External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
77499	Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
77799	Radium/Radioisotope Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
78099	Endocrine Nuclear Procedure	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<u>-</u>	-	_
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	-	=
78199	Blood/Lymph Nuclear Exam	contract/clinical review.	=	-	-	-
78299	Gi Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	-	_
78399	Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	_
78499	Cardiovascular Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	_
78599	Respiratory Nuclear Exam	contract/clinical review.	=	=	-	-
78699	Nervous System Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
78799	Genitourinary Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	_
78999	Nuclear Diagnostic Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
79999	Nuclear Medicine Therapy	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	**	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-		_
80299	Quantitative Assay Drug	contract/clinical review.	=	-	-	-
81099	Urinalysis Test Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
81422	Fetal Chrmoml Microdeltj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	Moved to PA list	10/1/2019
81479	Unlisted Molecular Pathology	Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED208.089	_	_	_
81599	Unlisted Maaa	contract/clinical review. May require PA per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
01333	Guillateu iviadd	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-		-	-
82523	Collagen Crosslinks	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.116	Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	-	-
83006	Growth Stimulation Gene 2	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED207.158	Molecular Testing For Chronic Heart Failure and Heart Transplant		
83000	Growth Stillidiation Gene 2	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	WED207.136	widecular restrig for Cironic real trainice and real triansplant	-	_
83695	Assay Of Lipoprotein(A)	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
83698	Assay Lipoprotein Pla2	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED207.134	Measurement of Phospholipase A2 in the Assessment of Cardiovascular Risk	-	_
02704		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	A4F0207.000			
83701	Lipoprotein Bld Hr Fraction	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	-
83704	Lipoprotein Bld Quan Part	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease		
		Policy (CPCP).			-	-
83722	Lipoprtn Dir Meas Sd Ldl Chl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
83937	Assay Of Osteocalcin	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.116	$Bone\ Turnover\ Markers\ for\ Diagnosis\ and\ Management\ of\ Osteoporosis\ and\ Diseases\ Associated\ with\ High\ Bone\ Turnover$	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
83987	Exhaled Breath Condensate	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.024	Measurement of Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	-	-
	Eval Amniotic Fluid Protein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
84112	Eval Amniotic Fluid Protein	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB401.018	Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy	-	-
84431	Thromboxane Urine	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.148	Measurement of Thromboxane Metabolites in Urine		
		Policy (CPCP).			-	-
84999	Clinical Chemistry Test	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
85999	Hematology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	=
00004	Alleren Co. of the	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MEDIOC OOS	Allere, Marrane		
86001	Allergen Specific Igg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	IVIEDZUB.UU1	Allergy Management	-	-
86343	Leukocyte Histamine Release	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED206.001	Allergy Management		
		Policy (CPCP).				-
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.147	Immune Cellular Function Assay to Monitor and Predict Immune Function	=	
86353	Lymphocyte Transformation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.088	Intracellular Micronutrient Analysis	-	
86486	Skin Test Nos Antigen	Unlisted: Procedure/service not specifically defined or classified, may be subject to			_	_
86849	Immunology Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
86910	Blood Typing Paternity Test	service review.	-	=	-	-
86911	Blood Typing Antigen System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	=
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer  Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
86950	Loukanuto Transferia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
DCFOO	Leukacyte Transfusion	for predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	-
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
86999	Transfusion Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
87505	Nfct Agent Detection Gi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED207.155	Gastrointestinal Panels	_	
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	-
87506	ladna-Dna/Rna Probe Tq 6-11	for predetermination to avoid post-service review.	MED207.155	Gastrointestinal Panels	-	-

87507	Iadna-Dna/Rna Probe Tq 12-25	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED207.155	Gastrointestinal Panels		
87797	Detect Agent Nos Dna Dir	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				-
	Detect Agent Nos Dila Dil	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	=	=
87798	Detect Agent Nos Dna Amp	contract/clinical review.	=	-	-	-
87799	Detect Agent Nos Dna Quant	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	=	=	=
87899	Agent Nos Assay W/Optic	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
87999	Microbiology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
88000	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
88005		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	<u>-</u>	<u>-</u>	=
	Autopsy (Necropsy) Gross	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-	=	-
88007	Autopsy (Necropsy) Gross	service review.	-	-	-	-
88012	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	=	-
88014	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	=	=
88016	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	-	_	_
88020	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
88025		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<u>-</u>		-
	Autopsy (Necropsy) Complete	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-	=	-
88027	Autopsy (Necropsy) Complete	service review.	-	-	-	-
88028	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the 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.	_	_	_	_
88037	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
88040		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	<u>-</u>		-
	Forensic Autopsy (Necropsy)	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	F	=	-
88045	Coroners Autopsy (Necropsy)	Service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
88099	Necropsy (Autopsy) Procedure	service review.	=	-	=	_
88199	Cutanathaless Passes	Unlisted: Procedure/service not specifically defined or classified  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Cytopathology Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	=	-
88299	Cytogenetic Study	contract/clinical review.	=	-	-	-
88375	Optical Endomicroscpy Interp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.038	Confocal Laser Endomicroscopy (CLE)	_	_
00077		Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
88399	Surgical Pathology Procedure	contract/clinical review.	-	<u>-</u>	=	-
88749	In Vivo Lab Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
89240	Pathology Lab Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
89258	Cryopreservation Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	-	_	_
89259	Cryopreservation Sperm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss		
89335	Cryopreserve Testicular Tiss	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss		
89337		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
	Cryopreservation Oocyte(S)	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	
89342	Storage/Year Embryo(S)	for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89343	Storage/Year Sperm/Semen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	=	=
89344	Storage/Year Reprod Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	=	=
89346	Storage/Year Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
89398	Unlisted Reprod Med Lab Proc	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	PSY301.014	- Autism Spectrum Disorders (ASD)	_	-
90283	Human Ig Iv	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
90284	Human Ig Sc	require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	=	=
90378	Rsv Mab Im 50Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	=	=
90399	Immune Globulin	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	_
90689	Vacc liv4 No Prsrv 0.25Ml Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
90749	Vaccine Toxoid	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-		-	-
90867	Tcranial Magn Stim Tx Plan	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	_
90868	Tcranial Magn Stim Tx Deli	for predetermination to avoid post-service review.	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	
90869	Tcran Magn Stim Redetemine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	_	
90870	Electroconvulsive Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.013	Electroconvulsive Therapy	-	_
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
l		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.019	Biofeedback as a Treatment of Headache		
90875	Psychophysiological Therapy	for predetermination to avoid post-service review.	PSY301.016 PSY301.007	Biofeedback as a Treatment of Urinary Incontinence Biofeedback for Miscellaneous Indications	-	-
			PSY301.011 MED205.022	Neurofeedback Treatment of Tinnitus		
			PSY301.018	Biofeedback as a Treatment of Chronic Pain		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.017 PSY301.019	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache		
90876	Psychophysiological Therapy	for predetermination to avoid post-service reviewe.	PSY301.016 PSY301.007	Biofeedback as a Treatment of Urinary Incontinence Biofeedback for Miscellaneous Indications	-	-
			PSY301.011	Neurofeedback		
90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.022 MED201.001	Treatment of Tinnitus Hypnosis	_	
90885		for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		# ···	-	_
	Psy Evaluation Of Records	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-		-	-
90889	Preparation Of Report	service review.	-	-	-	-
90899	Psychiatric Service/Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	=	=
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90901	Biofeedback Train Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.019 PSY301.016	Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence		
55501	Soleeaback Halli Any Meth	for predetermination to avoid post-service review.	PSY301.007	Biofeedback for Miscellaneous Indications	-	-
			PSY301.011 MED205.022	Neurofeedback Treatment of Tinnitus		
90912	Bfb Training 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.017 PSY301.016	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Urinary Incontinence	4/1/2021	_
90913	Bfb Training Ea Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.017	Biofeedback as a Treatment of Fecal Incontinence or Constipation	4/1/2021	_
90999	Dialysis Procedure	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	PSY301.016	Biofeedback as a Treatment of Urinary Incontinence	·	
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=	- 	=	-
91034	Gastroesophageal Reflux Test	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.005	Esophageal pH Monitoring	-	_
91035	G-Esoph Reflx Tst W/Electrod	for predetermination to avoid post-service review.	MED201.005	Esophageal pH Monitoring	=	-
91037	Esoph Imped Function Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.005	Esophageal pH Monitoring		_
	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.005	Esophageal pH Monitoring	-	_
91038						

91065	Breath Hydrogen/Methane Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.161	Hydrogen or Methane Breath Testing	=	=
91110	Gi Tract Capsule Endoscopy	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon		
		for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-
91111	Esophageal Capsule Endoscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.042 Policy (CPCP).	Wireless Capsule Endoscopy (WCE) To Diagnose Disorders of The Small Bowel, Esophagus, And Colon	-	-
91112	Gi Wireless Capsule Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.017	Gastrointestinal (GI) Motility Measurement	-	-
91117	Colon Motility 6 Hr Study	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  MED201.017	Gastrointestinal (GI) Motility Measurement		
		tor predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		<del>-</del>	-
91132	Electrogastrography	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.017 Policy (CPCP).	Gastrointestinal (GI) Motility Measurement	-	-
91133	Electrogastrography W/Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.017	Gastrointestinal (GI) Motility Measurement	_	_
91299	Gastroenterology Procedure	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to			
92015	Determine Refractive State	contract/clinical review. –  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-
		service review. –  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<del>-</del>	-	-
92065	Orthoptic/Pleoptic Training	service review. =  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-
92132	Cmptr Ophth Dx Img Ant Segmt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.021 Policy (CPCP).	Optical Coherence Tomography of the Anterior Eye Segment	=	=
92145	Corneal Hysteresis Deter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.031	Corneal Hysteresis		
		Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		=	=
92340	Fit Spectacles Monofocal	service review. –  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-
92341	Fit Spectacles Bifocal	service review.	-	-	-
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	=	=
92370	Repair & Adjust Spectacles	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-
92499	Eye Service Or Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	=
92512	Nasal Function Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED204.004	Rhinomanometry, Acoustic Rhinometry, Optical Rhinometry and Acoustic Pharyngometry		
32312	Trada Faricion Scarco	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	numbration cuty, reconcentimenterly, opicial numbratify and reconcenting presenting	-	-
92517	Vemp Test I&R Cervical	for predetermination to avoid post-service review.	Vestibular Function Testing	2/15/2021	5/14/2021
92517	Vemp Test I&R Cervical	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.047	Vestibular Function Testing	5/15/2021	_
92518	Vemp Test I&R Ocular	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	TOURIN TOURISM		3/14/2021
92518	Vemp Test I&R Ocular	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.047 Policy (CPCP).	Vestibular Function Testing	5/15/2021	=
92519	Vemp Tst I&R Cervical&Ocular	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92519	Vemp Tst I&R Cervical&Ocular	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.047	Vestibular Function Testing	5/15/2021	
		Policy (CPCP).  AM Criteria: Procedure/conics reviewed against Medical Policy Criteria: Submit		-,,	=
92546	Sinusoidal Rotational Test	MED201.047 for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Vestibular Function Testing	=	-
92548	Cdp-Sot 6 Cond W/I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.026	Dynamic Posturography	=	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.026 Policy (CPCP).	Dynamic Posturography	-	-
92640	Aud Brainstem Implt Programg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	Auditory Brainstem Implant	-	-
92700	Ent Procedure/Service	Unlisted: Procedure/service not specifically defined or classified, may be 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 CPCP08, which is one of our Clinical Payment and Coding MED202.070	Non-Invasive Measurement of Central Blood Pressure (cBP)		
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,		_
93228	Remote 30 Day Ecg Rev/Report	for predetermination to avoid post-service review.  MB Criteria: Procedure/covies reviewed against Modical Policy Criteria. Submit	and Intracardiac Ischemia Detection Systems)  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,	-	-
93229	Remote 30 Day Ecg Tech Supp	for predetermination to avoid post-service review.	and Intracardiac Ischemia Detection Systems)	-	=
93660	Tilt Table Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MED202.048	Tilt Table Testing	-	-
93702	Bis Xtracell Fluid Analysis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.036	Bioimpedance Devices for Detection and Management of Lymphedema	_	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
93740	Temperature Gradient Studies	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.014 Policy (CPCP).	Thermography	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	Cardiac Rehabilitation (CR)	=	=
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  THE803.023	Cardiac Rehabilitation (CR)	_	_
93799	Cardiovascular Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
93998	Noninvas Vasc Dx Study Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
94014	Dationt Decembed Colombia	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Hama Calamatan		
34014	Patient Recorded Spirometry	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME101.040 Policy (CPCP).  EIU Prepaging Consider not primburged by the Plan Net publish to pre-conice.	Home Spirometry	-	-
94015	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME101.040	Home Spirometry	=	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
94016	Review Patient Spirometry	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DME101.040 Policy (CPCP).	Home Spirometry	=	-
94452	Hast W/Report	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-
94453	Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	=	_
94799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_
95060	Eye Allergy Tests	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Allergy Management		
33000	-,	Policy (CPCP).  FILL Procedure/service not reimbursed by the Plan. Not subject to pre-service.	Autism Spectrum Disorders (ASD)	-	-
95065	Nose Allergy Test	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	Allergy Management Autism Spectrum Disorders (ASD)	-	-
95199	Allergy Immunology Services	Unlisted: Procedure/service not specifically defined or classified, may be subject to			
95700	Eeg Cont Rec W/Vid Eeg Tech	contract/clinical review	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95700		MP. Critoria: Procedure/corvice review against Medical Policy Critoria. Submit		-	_
	Eeg W/O Vid 2-12 Hr Unmntr	for predetermination to avoid post-service review.  MED205.008  MED205.008  MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95707	Eeg W/O Vid 2-12Hr Cont Mntr	for predetermination to avoid post-service review.  MB Criteria: Procedura/covies reviewed grainet Modical Policy Criteria: Submit	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	=
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95709	Eeg W/O Vid Ea 12-26Hr Intmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	=
	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	_
95711		for predetermination to avoid post-service review.			
95711 95712	Veeg 2-12 Hr Intmt Mntr	MED205.008  MeD205.008  MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-

95713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	_
95714	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	_	_
95715	Veeg Ea 12-26Hr Intmt Mntr	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	
95716	Veeg Ea 12-26Hr Cont Mntr	for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	=
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	=
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	=
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		
	F Ph-/Oh- F- I W///	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008		=	
	Eeg Phy/Qhp Ea Incr W/Veeg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	=
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	=
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	_	
95725	Eeg Phy/Qhp>84 Hr W/O Vid	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		
	Eeg Phy/Qhp>84 Hr W/Veeg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.008		-	
	Eeg Phy/Qhp>84 Hr W/Veeg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	
95803	Actigraphy Testing	for predetermination to avoid post-service review.	MED201.048	Actigraphy	-	-
95905	Motor &/ Sens Nrve Cndj Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.033	Automated Point-of-Care Nerve Conduction Testing	_	_
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
95954	Eeg Monitoring/Giving Drugs	for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	=	_
95961	Electrode Stimulation Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.011 MED205.009	Intraoperative Neurophysiologic Monitoring (IONM) Topographic Brain Mapping (Quantitative Electroencephalography)	=	_
95962	Electrode Stim Brain Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.011	Intraoperative Neurophysiologic Monitoring (IONM)	_	_
	Meg Spontaneous	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.009 PSY301.014	Topographic Brain Mapping (Quantitative Electroencephalography)  Autism Spectrum Disorders (ASD)		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RAD601.038 PSY301.014	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) Autism Spectrum Disorders (ASD)	=	=
95966	Meg Evoked Single	for predetermination to avoid post-service review.	RAD601.038 PSY301.014	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)  Autism Soectrum Disorders (ASD)	-	_
95967	Meg Evoked Each Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD601.038	Autism Spectrum Disorders (ASD)  Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)	-	-
95999	Neurological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
96000	Motion Analysis Video/3D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.009	Gait Analysis	_	_
	Motion Test W/Ft Press Meas	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.009	Gait Analysis		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.009	Gait Analysis	-	
	Dynamic Surface Emg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.006	Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy	-	
96003	Dynamic Fine Wire Emg	for predetermination to avoid post-service review.	THE803.009	Gait Analysis	-	_
96004	Phys Review Of Motion Tests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.009 MED205.006	Gait Analysis Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy	-	_
96379	Ther/Prop/Diag Inj/Inf Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
96549	Chemotherapy Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	TUE004 000	- Charles of Developing Prince	-	-
	Photochemotherapy With Uv-A	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.033	Phototherapy for Dermatologic Conditions	-	-
96913	Photochemotherapy Uv-A Or B	for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	
96922	Laser Tx Skin >500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE801.028	Acne Management		
	Easer 1x 3kiii >300 3q Ciii		THE801.033	Phototherapy for Dermatologic Conditions	-	-
	Rcm Celulr Subcelulr Img Skn	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	
96931		for predetermination to avoid post-service review.  MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit	THE801.033 MED201.023	Phototherapy for Dermatologic Conditions Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	-	<u>-</u>
96931 96932	Rcm Celuir Subceluir img Skn Rcm Celuir Subceluir img Skn	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033 MED201.023 MED201.023	Phototherapy for Dermatologic Conditions Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	-	-
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96931 96932 96933 96934 96935 96936	Rcm Celuir Subceluir img Skn Dermatological Procedure	for predeter-invantion to avoid post-service review.  MP Criteria-Protection/service review against Medical Policy Criteria. Submit for predeterul/service review against Medical Policy Criteria. Submit for predeterul/service review.  MP Criteria-Protection/service review against Medical Policy Criteria. Submit for predeterul/service review.  MP Criteria-Protection/service review against Medical Policy Criteria. Submit for predeterul/service review.  MP Criteria-Protection/service review against Medical Policy Criteria. Submit for predeterul/service review against Medical Policy Criteria. Submit for predeterul/service review.  MP Criteria-Protection/service review.  MP Criteria-Protection-Service review.  MP Criteria-	THE801.033 MED201.023 MED201.023 MED201.023 MED201.023 MED201.023 MED201.023 THE803.008	Photoberapy for Dermatologic Conditions Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy  - Non-Covered Physical Therapy Services	- - - - 10/1/2021 - -	- - - - - - -
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99429	Unlisted Preventive Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	=	=	-
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	-	1/1/2021	_
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			1/1/2021	
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	<u>-</u>	1/1/2021	-
		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-		-
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	service review.	=	-	1/1/2021	-
99450	Basic Life Disability Exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	=	1/1/2021	_
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			1/1/2021	
99453		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	<u>-</u>	,,,	
	Rem Mntr Physiol Param Setup	service review.	=	=	=	-
99454	Rem Mntr Physiol Param Dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	-
99455	Work Related Disability Exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	=	_	_
99456	Disability Examination	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-	<u>-</u>	-	=	=
99457	Rem Physiol Mntr 1St 20 Min	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	=	-	-
99491	Chrnc Care Mgmt Svc 30 Min	service review.	-	-	-	-
99499	Unlisted E&M Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
99600	Home Visit Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
		contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	<u>-</u>	<u>-</u>		
0052U	Lpoprtn Bld W/5 Maj Classes	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	=	=
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0054T	Bone Srgry Cmptr Fluor Image	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	-	-
00557	Dana Carro Control	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	CURZOE 022	Community Assisted Manipulation for Onthonoxis Co.		
0055T	Bone Srgry Cmptr Ct/Mri Imag	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	3UK/U5.U23	Computer-Assisted Navigation for Orthopedic Procedures	=	-
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 CPCP08, which is one of our Clinical Payment and Coding	MED207 159	Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases		
30020	A DIE IEBORIEIH MINS ON BULLK	Policy (CPCP).		Scholl distinct Failer results for systemic cupus crytheniatosus and Other Connective Hissue Diseases	=	
0063U	Neuro Autism 32 Amines Alg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PSY301.014	Autism Spectrum Disorders (ASD)		
		Policy (CPCP).		,		
0066U	Pamg-1 la Cervico-Vag Fluid	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB401.018	Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy	_	_
		Policy (CPCP).				
0075T	Perq Stent/Chest Vert Art	for predetermination to avoid post-service review.	SUR701.041	Endovascular Therapies for Extracranial Vertebral Artery Disease	-	_
0076T	S&I Stent/Chest Vert Art	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.041	Endovascular Therapies for Extracranial Vertebral Artery Disease		
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	_		_
0086U	Nfct Ds Bact&Fng Org Id 6+	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-	-		=	-
0087U	Crd Hrt Trnspl Mrna 1283 Gen	service review.	-	-	-	-
0088U	Trnsplj Kdn Algrft Rej 1494	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	_	-
0089U	Onc Mlnma Prame & Linc00518	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
0090U	Onc Cutan Minma Mrna 23 Gene	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-		-	-	-
0091U	Onc Circt Scr Whi Bid Alg	service review.	-	-	-	-
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	=
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
0094U	Connect Denial Consumer Above	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
00940	Genome Rapid Sequence Alys	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-	-	-
0095U	Inflm Ee Elisa Alys Alg	service review.	-	-	-	-
0096U	Hpv Hi Risk Types Male Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
0097U	Gi Pathogen 22 Targets	Non Covered: Procedure/service may not covered by the Plan.	_	_	_	
						3/31/2021
009811	Posnir Pathogon 14 Targets	Procedure/service reviewed against Medical Policy Criteria.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0098U	Respir Pathogen 14 Targets	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	_	
0098U 0099U	Respir Pathogen 14 Targets Respir Pathogen 20 Targets	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.	<del>-</del>	-	<u>-</u>	3/31/2021
		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-	- - SUR713.026	- Retinal Prosthesis	_	
0099U 0100T		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.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (PCPD8, which is one of our Clinical Payment and Coding Policy (PCPD).	- - SUR713.026	Retinal Prosthesis	-	
		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.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding	- - SUR713.026	Retinal Prosthesis	-	
0099U 0100T 0100U	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen  Respir Pathogen 20 Targets	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service. The Review of the Plan. Not subject to pre-service  Perior. (PCPP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	- - SUR713.026		-	3/31/2021
0099U 0100T	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen	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.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPEPD8, which is one of our Clinical Payment and Coding Policy (CPEP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.		- Retinal Prosthesis - Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	- - -	3/31/2021
0099U 0100T 0100U 0101T	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen  Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (PCPD8, which is one of our Clinical Payment and Coding Policy (PCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.	- SUR713.026 - SUR705.018	Retinal Prosthesis  -  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	- - -	3/31/2021
0099U 0100T 0100U	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen  Respir Pathogen 20 Targets	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- serview. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- serview. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unitset: Procedure/service not specifically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	- SUR713.026 - SUR705.018 -	Retinal Prosthesis  -  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries  -	-	3/31/2021
0099U 0100T 0100U 0101T	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen  Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPEPD8, which is noe of our Clinical Payment and Coding Policy (CPEP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Unitset/ Procedure/service not specifically defined or classified.  Unitset/ Procedure/service not specifically defined or classified.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	3/31/2021
0099U 0100T 0100U 0101T 0101U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth	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.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Check BLU policy CPCPDs, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Dulisted: Procedure/service not seedically defined or classified.  Non Covered: Procedure/service not seedically defined or classified.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.	-	Retinal Prosthesis  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	- - - -	3/31/2021
0099U 0100T 0100U 0101T	Respir Pathogen 20 Targets  Prosth Retina Receive&Gen  Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bot Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bitl: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Bitl policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Bitl: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Bitl: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Bitl: Procedure/service not service not service.  Unlisted: Procedure/service not service.  Bitl: Procedure/service not service.  Bitl: Procedure/service not service.  Bitl: Procedure/service not service.  Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Bitl: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Not covered: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Not covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	3/31/2021
0099U 0100T 0100U 0101T 0101U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth	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.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service. Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  One Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Check BLU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not seedifically defined or classified.  Non Covered: Procedure/service not pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	3/31/2021
0100T 0100U 0101T 0101U 0102T 0102U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brst Ca Ritd Do 17 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service reviews by the Plan. Not subject to pre- service review.  EU: Procedure/service reviews.  EU: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not specifically defined or classified.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  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.	-	-	-	3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brst Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes	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.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  CRED by policy CPCPD8, which is one of our Clinical Payment and Coding Palicy (CPCP).  BLU: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not reimbursed 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.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BLU: Procedure/service not covered by the Plan. Not subject to pre- service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.		-	-	3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brst Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EIU: Procedure/service not seedically defined or classified.  BIL: Procedure/service not seedically defined or classified.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.		-		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brst Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes  Neph Ckd Mult Ecila Turn Nec  Touch Quant Sensory Test	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRESS (CRESS)  BEU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRESS (PCPP).  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRESS (PCPS).  Unlisted: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BEU: Procedure/service not seelfically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (PCPD).	- SUR705.018 MED205.030	-  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries  -  -  Quantitative Sensory Testing		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritd Do 17 Gen Hered Ova Ca Pnl 24 Genes Neph Ckd Mult Ecilia Tum Nec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service review.  EU: Procedure/service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  BU: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  FU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Not Note of EU: Delicy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Not Covered: Procedure/service not reimbursed 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.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.	- SUR705.018 MED205.030	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brst Ca Ritd Do 17 Gen Hered Ova Ca Pnl 24 Genes Neph Ctd Mult Ecila Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service reviews by the Plan. Not subject to pre- service review.  EU: Procedure/service review.  EU: Procedure/service not covered by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Not Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not reimbursed 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.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to p		Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brst Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes  Neph Ckd Mult Ecila Turn Nec  Touch Quant Sensory Test	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Not Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not reimbursed 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.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-		-  Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries  -  -  Quantitative Sensory Testing		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brst Ca Ritd Do 17 Gen Hered Ova Ca Pnl 24 Genes Neph Ctd Mult Ecila Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Detail EU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check EU policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  EU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Policy (CPCP).  Unlisted: Procedure/service not seedifically defined or classified  Non Covered: Procedure/service not seedifically defined or dassified  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  EU: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  EU: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).		Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brist Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes  Neph Ckd Mult Eclia Turn Nec  Touch Quant Sensory Test  Gstr Emptg 7 Timed Brth Spec  Vibrate Quant Sensory Test  C Diff Tox Ag Detc; la Stool	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check BIL policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not service not service review.  BIL: Procedure/service not service not service not overed by the Plan. Not subject to preservice review.  BIL: Procedure/service not service not service not overed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check BIL policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	- SUR705.018	- Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Quantitative Sensory Testing Gastrointestinal (GI) Motility Measurement - Quantitative Sensory Testing		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brst Ca Rhd Do 17 Gen Hered Ova Ca Pni 24 Genes Neph Ckd Mult Ecila Tum Nec Touch Quant Sensory Test Vibrate Quant Sensory Test	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bot Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRED: Procedure/service not covered by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRED: Procedure/service not service.  Unisted: Procedure/service not service.  Bit: Procedure/service not service.  Bit: Procedure/service not service.  Bit: Procedure/service not covered by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Clear Bit: policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check Bit policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Bit policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Bit policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Bit policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Bit policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Ch	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets  Extracorp Shockwv Tx Hi Enrg  Hered Colon Ca Do 15 Genes  Extracorp Shockwv Tx Anesth  Hered Brist Ca Ritd Do 17 Gen  Hered Ova Ca Pnl 24 Genes  Neph Ckd Mult Eclia Turn Nec  Touch Quant Sensory Test  Gstr Emptg 7 Timed Brth Spec  Vibrate Quant Sensory Test  C Diff Tox Ag Detc; la Stool	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not sendically defined or classified  Non Covered: Procedure/service not seedifically defined or classified  EIU: Procedure/service not seedifically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed 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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to	- SUR705.018	- Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Quantitative Sensory Testing Gastrointestinal (GI) Motility Measurement - Quantitative Sensory Testing		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0107U 0108T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brst Ca Ritd Do 17 Gen Hered Ova Ca Pni 24 Genes Neph Ckd Mult Ecilia Tum Nec Touch Quant Sensory Test Gistr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detcj ia Stool Cool Quant Sensory Test Gi Barrett Esoph 9 Prtn Bmrk	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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EIU: Procedure/service not sendifically defined or classified.  Policy (PCP).  Unlisted: Procedure/service not seedifically defined or classified.  EII: Procedure/service not sendifically defined or classified.  EII: Procedure/service not reimbursed 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.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  EII: Procedure/service not reimbu		Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0107U 0108T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritid Do 17 Gen Hered Ova Ca Pril 24 Genes Neph Ckd Mult Eclia Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detc Jia Stool Cool Quant Sensory Test	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Check BIL policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not service not service review.  BIL: Procedure/service not service not service not overed by the Plan. Not subject to preservice review.  BIL: Procedure/service not service not service not overed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCPD8.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not creimbursed by the Plan. Not subject to		- Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Quantitative Sensory Testing Gastrointestinal (GI) Motility Measurement - Quantitative Sensory Testing		3/31/2021
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0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0107U 0108T 0108U 0109T	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brst Ca Ritd Do 17 Gen Hered Ova Ca Pni 24 Genes Neph Ckd Mult Ecila Tum Nec Touch Quant Sensony Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detcj ia Stool Cool Quant Sensory Test Gi Barrett Esoph 9 Prth Bmrk Heat Quant Sensory Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not service not service review. The Plan. Not subject to pre- service review.  Bit: Procedure/service not service not service not not subject to pre- service review.  Bit: Procedure/service not service not service not not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not covered by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre- service review.  Bit: P	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
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0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0108U 0108T 0109T 0109U 0110U 0110U 0111U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritd Do 17 Gen Hered Ova Ca Pnl 24 Genes Neph Ctd Mult Eclia Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detcj ia Stool Cool Quant Sensory Test did Aspergillus Dna 4 Species Nos Quant Sensory Test Id Aspergillus Dna 4 Species Nos Quant Sensory Test Rx Mntr 1+Oral Onc Rx&Sbsts Onc Colon Ca Kras&Nras Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not seembursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not seembursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not seembursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check BIL policy (PCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check BIL policy PCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0108U 0109T 0109U 0110U 0110U 0111U 0112U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritd Do 17 Gen Hered Dva Ca Pnl 24 Genes Neph Ckd Mult Eclia Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detcj la Stool Cool Quant Sensory Test Id Aspergillus Dna 4 Species Nos Quant Sensory Test Rx Mntr 1+Oral One Rx&Sbsts One Colon Ca Kras&Nras Alys lad 165&18S Rma Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check BIL policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not seedifically defined or classified on Covered: Procedure/service not seedifically defined or classified on Covered: Procedure/service not seedifically defined or classified on Covered: Procedure/service not seedifically defined or classified on Covered Procedure/service not seedifically defined or classified on Covered: Procedure/service not seedifically defined or classified on Covered Procedure/service not seedifically defined or classified on Covered Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bil: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bil: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bil: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bil: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Plant Service Plant Service not sembursed by the Plan. Not subject to preservice review. Check Bil policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).  Bil: Procedure/service not reimbursed by the Plan. Not subject to preservice review. Check Bil policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).  Not Covered: Procedure/service not covered by the Plan. Not subject to preserv	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
0099U 0100T 0100U 0101T 0101U 0102T 0102U 0103U 0105U 0106T 0106U 0107T 0107U 0108T 0109U 0110T 0110U 0111U 0112U 0113U 0114U	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritid Do 17 Gen Hered Dva Ca Pnl 24 Genes Neph Ckd Mult Eclia Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Detcj la Stool Cool Quant Sensory Test Id Aspergillus Dna 4 Species Nos Quant Sensory Test Rx Mntr 1+Oral One Rx&Sbsts One Colon Ca Kras&Nras Alys ladi 165&183 Rma Genes One Prst& Pca38 Timprss2-Erg Gi Barrett Esoph 9 Vim&Ccna1	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bot Covered: Procedure/service not cerebusy the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not cerebusy the Plan Not subject to preservice review.  Bit: Procedure/service not cerebusy the Plan Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not seelfically defined or classified Non Covered: Procedure/service not seelfically defined or dassified Non Covered: Procedure/service not service review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to preservice review.  Bit: Procedure/service not covered by the Plan Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan Not subject to preservice review.  Non Covered: Procedure/service not covered by the Plan Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check Ell policy (PCPP).  Bit: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check Ell policy (PCPP), which is one of our Clinical Payment and Coding Policy (PCPP).  Bit: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check Ell policy (PCPP), which is one of our Clinical Payment and Coding Policy (PCPP).  Non Covered: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check Ell policy (PCP	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021
00990 00000 00000 00000 00000 00000 00000 0000	Respir Pathogen 20 Targets Prosth Retina Receive&Gen Respir Pathogen 20 Targets Extracorp Shockwv Tx Hi Enrg Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Colon Ca Do 15 Genes Extracorp Shockwv Tx Anesth Hered Brist Ca Ritd Do 17 Gen Hered Ova Ca Pril 24 Genes Neph Ctd Mult Ecila Tum Nec Touch Quant Sensory Test Gstr Emptg 7 Timed Brth Spec Vibrate Quant Sensory Test C Diff Tox Ag Dett, ia Stool Cool Quant Sensory Test Id Aspergillus Dna 4 Species Nos Quant Sensory Test Rx Mntr 1-Oral Onc Rx&Sbsts Onc Colon Ca Kras&Nras Alys Iadi 165&18S Rma Genes Onc Prist Pca3&Trars2-Erg	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Bot Covered: Procedure/service not cerebused by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  CRED: Procedure/service not covered by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not service.  Unisted: Procedure/service not service.  Bit: Procedure/service not reimbursed by the Plan. Not subject to preservice review.  Bit: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  Not Covered: Procedure/service not covered by the Plan. Not subject to preservice review. Check Ell policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (PCPD).  Bit: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (PCPD).  Non Covered: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (PCPD).  Non Covered: Procedure/service not reimbursed by t	- SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries		3/31/2021

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.	_	-	_	_
0118U	Trnsplj Don-Drv Cll-Fr Dna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
0119U	Crd Ceramides Lig Chrom Plsm	Service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0120U	Onc B CII Lymphm Mrna 58 Gen	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0121U	Sc Dis Vcam-1 Whole Blood	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<del>-</del>		-	-
01210		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<del>-</del>	-	-
-	Sc Dis P-Selectin Whl Blood	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	<u>-</u>	-	=
0123U	Mchnl Fragility Rbc Prflg	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	<u>-</u>	-	-
0129U	Hered Brst Ca Rltd Do Panel	service review.	-	-	-	-
0130U	Hered Colon Ca Do Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
0131U	Hered Brst Ca Rltd Do Pnl 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	_
0132U	Hered Ova Ca Ritd Do Pnl 17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	<u>-</u>	-	_
0133U	Hered Prst8 Ca Rltd Do 11	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	_
0134U	Hered Pan Ca Mrna Pnl 18 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
0136U	Atm Mrna Seq Alys	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0137U	Palb2 Mrna Seq Alys	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			_	-
0138U		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=		-	-
01380	Brca1 Brca2 Mrna Seq Alys	service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	<del>-</del>	-	-
0139U	Neuro Austm Meas 6 C Metablt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PSY301.014	Autism Spectrum Disorders (ASD)	-	9/30/2021
0140U	Nfct Ds Fungi Dna 15 Trgt	Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
0141U	Nfct Ds Bact&Fng Gram Pos	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0142U	Nfct Ds Bact&Fng Gram Neg	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-			
0142U		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
	Drug Assay 120+ Rx/Metablt	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-	-	-
0144U	Drug Assay 160+ Rx/Metablt	Service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
0145U	Drug Assay 65+ Rx/Metablt	service review.	-	-	-	-
0146U	Drug Assay 80+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
0147U	Drug Assay 85+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	<del>-</del>	-	_
0148U	Drug Assay 100+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	-	-	-
0149U	Drug Assay 60+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	_
0150U	Drug Assay 120+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
0151U	Nfct Bct/Vir Resp Nfctj 33	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	3/31/2022
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
0153U	Onc Breast Mrna 101 Genes	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			_	-
0154U		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<del>-</del>	-	-
	Onc Urthl Ca Rna Fgfr3 Gene	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	<del>-</del>	-	=
0155U	Onc Brst Ca Dna Pik3Ca Gene	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
0156U	Copy Number Sequence Alys	service review.	-	-	-	-
0157U	Apc Mrna Seq Alys	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-	=	-	-	-
0158U	MIh1 Mrna Seq Alys	service review.	_	-	-	-
0159U	Msh2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	-
0160U	Msh6 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	=
0161U	Pms2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	=	_	_
0162U	Hered Colon Ca Trgt Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_		_	_
0191T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR713.034	Aqueous Shunts and Stents for Glaucoma	5/1/2021	12/31/2021
		for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0198T	Ocular Blood Flow Measure	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.022	Ophthalmologic Techniques For Evaluating Glaucoma	-	-
0202T	Post Vert Arthrplst 1 Lumbar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.034	Facet Arthroplasty	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0207T	Clear Eyelid Gland W/Heat	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.025	Eyelid Thermal Pulsation	-	-
0210*	Direct Dept Count   1: 0	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	CUD712 022	Indianal Forest Indian Fusion		
0219T	Plmt Post Facet Implt Cerv	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	5UK/12.U52	Isolated Facet Joint Fusion	-	-
0220T	Plmt Post Facet Implt Thor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.032	Isolated Facet Joint Fusion		
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0221T	Plmt Post Facet Implt Lumb	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR712.032	Isolated Facet Joint Fusion	-	-
0222T	Plmt Post Facet imple 4 dall	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR712 032	Isolated Facet Joint Fusion		
JZZZI	Plmt Post Facet Implt Addl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	JUN/12.U32	iscioceu i acet Juliit Fusiuli	=	-
0232T	Njx Platelet Plasma	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.101 RX501.034	Orthopedic Applications of Platelet-Rich Plasma Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	_
0253T	Insert Aqueous Drain Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR713.034	Aqueous Shunts and Stents for Glaucoma		
02331	er c Aqueous Drain Device	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			=	=
0263T	Im B1 Mrw Cel Ther Cmpl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR703.051 SUR703.048	Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR703.051	Orthopedic Applications of Stem-Cell Therapy		
	Da min cer mei ati nivst	Policy (CPCP).		Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
0265T	Im B1 Mrw Cel Ther Hrvst Onl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR703.051 SUR703.048	Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
0278T	Tempr	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	=	-
0312T	Laps Impltj Nstim Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	_
0313T	Laps Rmvl Nstim Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	_
0314T	Laps Rmvl Vgl Arry&Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	_
0315T	Rmvl Vagus Nerve Pls Gen	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	
0315T		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR701.039		2/15/2021	-
	Replic Vagus Nerve Pls Gen	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR701.039 SUR701.039	Vagus Norve Blocking Therapy for Treatment of Obesity		-
0317T	Elec Alys Vagus Nrv Pls Gen	require Prior Authorization per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	30N701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	=
0330T	Tear Film Img Uni/Bi W/I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.025	Eyelid Thermal Pulsation	-	-
Updated Mar		· one per Gr J.				

		1000 to 0			
0331T	Heart Symp Image Pinr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Myocardial Sympathetic Innervation Imaging in Patients With Heart Failure	4/1/2021	-
0335T	Insj Sinus Tarsi Implant	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.027 Policy (CPCP).	Subtalar Arthroereisis (STA)	-	-
0338T	Trnscth Renal Symp Denry Unl	EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.030 Policy (CPCP).	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	-
0339T	Trnscth Renal Symp Denry Bil	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.030 Policy (CPCP).	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	=
0347T	Ins Bone Device For Rsa	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.054 Policy (CPCP).	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0348T	Rsa Spine Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0349T	Rsa Upper Extr Exam	Policy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	_	_
0350T	Rsa Lower Extr Exam	Policy (PCPP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	_	=
0352T	Oct Brst/Node I&R Per Spec	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  RAD601.053	Optical Coherence Tomography of the Breast		
0352T	Oct Breast Surg Cavity I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  RAD601.053	Optical Coherence Tomography of the Breast  Optical Coherence Tomography of the Breast		
	Oct Breast Surg Cavity lock	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Optical Conerence Fornography of the breast	<del>-</del>	-
0355T	Gi Tract Capsule Endoscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.042 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Wireless Capsule Endoscopy (WCE) To Diagnose Disorders of The Small Bowel, Esophagus, And Colon	-	12/31/2021
0358T	Bia Whole Body	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding RAD601.045 Policy (CPCP).  MB Critical Procedure/conice reviewed analyst Medical Policy Criticals Submit	Whole Body Composition Analysis using Dual X-Ray Absorptiometry (DXA) or Bioelectrical Impedance Analysis (BIA)	=	-
0376T	Insert Ant Segment Drain Int	For predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Aqueous Shunts and Stents for Glaucoma	-	12/31/2021
0378T	Visual Field Assmnt Rev/Rprt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.044 Policy (CPCP).	Home-Based Monitoring of Visual Field	-	-
0379T	Vis Field Assmnt Tech Suppt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.044 Policy (CPCP).	Home-Based Monitoring of Visual Field	-	-
0397T	Ercp W/Optical Endomicroscpy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.038 Policy (CPCP).	Confocal Laser Endomicroscopy (CLE)	=	-
0398T	Mrgfus Strtctc Les Abltj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)	-	
0402T	Colgn Cross-Link Crn Med Sep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  OTH903.028	Corneal Collagen Cross-Linking	=	=
0423T	Assay Secretory Type Ii Pla2	EIU. Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.134 Policy (CPCP).	Measurement of Phospholipase A2 in the Assessment of Cardiovascular Risk	-	12/31/2021
0424T	Insj/Rplc Nstim Apnea Compl	Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP).  Policy (CPCP).	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0425T	Insj/Rplc Nstim Apnea Sen Ld	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	=
0426T	Insj/RpIc Nstim Apnea Stm Ld	Policy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	=
0427T	Insj/Rplc Nstim Apnea Pls Gn	Policy (PCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	
0428T	Rmyl Nstim Apnea Pls Gen	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0429T		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-
	Rmvl Nstim Apnea Sen Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	=
0430T	Rmvl Nstim Apnea Stimj Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0431T	RmvI/RpIc Nstim Apnea PIs Gn	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	=
0432T	Repos Nstim Apnea Stimj Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0433T	Repos Nstim Apnea Sensing Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP). EIU: Procedure/envise not reimbursed by the Plan. Not subject to pre-service	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0434T	Interro Eval Npgs Apnea	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP).	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0435T	Prgrmg Eval Npgs Apnea 1 Ses	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP).	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0436T	Prgrmg Eval Npgs Apnea Study	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.042 Policy (CPCP).	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0444T	1St Plmt Drug Elut Oc Ins	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR713.035 Policy (CPCP).	Drug-Eluding Intracanalicular Punctal Plugs and Ocular Inserts	-	=
0445T	Sbsqt Plmt Drug Elut Oc Ins	Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR713.035 Policy (CPCP).	Drug-Eluding Intracanalicular Punctal Plugs and Ocular Inserts	-	-
0449T	Insj Aqueous Drain Dev 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  SUR713.034	Aqueous Shunts and Stents for Glaucoma	_	_
0450T	Insj Aqueous Drain Dev Each	nor predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	
0464T	Visual Ep Test For Glaucoma	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.033	Visual Evoked Potential Testing for Glaucoma	-	=
0465T	Supchrdl Njx Rx W/O Supply	Policy (PCPC). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.035	Suprachoroidal Injection of a Pharmacologic Agent	-	-
0466T	Insj Ch Wal Respir Eltrd/Ra	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  SUR706.009	Sleep Related Breathing Disorders: Surgical Management	_	12/31/2021
0470T	Oct Skn Img Acquisj I&R 1St	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  MED 201 023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	
0471T	Oct Skn Img Acquisj I&R Addl	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  MED 201 023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	
0472T	Prgrmg Io Rta Eltrd Ra	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP0B, which is one of our Clinical Payment and Coding SUR713.026	Opicial Diagnosis, Devices for Evaluating Skill Lesions Suspected of Manigranity  Retinal Prosthesis	- , 4) 4044	-
0473T	Reprgrmg Io Rta Eltrd Ra	Policy (CPCP). EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding SUR713.026	Retinal Prosthesis		
0474T	Insj Aqueous Drg Dev Io Rsvr	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  SUR713 034	Aqueous Shunts and Stents for Glaucoma	_	
0479T	Fxjl Abl Lsr 1St 100 Sq Cm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit SUR716.001	Cosmetic and Reconstructive Procedures	4/1/2021	
04791 0480T	Fxjl Abl Lsr Ea Addl 100Sqcm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit SUR716.001	Cosmetic and Reconstructive Procedures  Cosmetic and Reconstructive Procedures	4/1/2021	
0485T	Oct Mid Ear I&R Unilateral	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.046	Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions	7,1,101	_
0486T	Oct Mid Ear I&R Bilateral	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding MED201.046	Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions		
0493T	Near Ifr Spectrsc Of Wounds	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.006	Foot Care Services	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	=
0499T	Cysto F/Urtl Strix/Stenosis	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR710.026 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Optilume (Drug Coated Balloon) for the Treatment of Urethral Stricture Conditions	=	= ' ' '
0507T	Near Ifr 2Img Mibmn Glnd I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.025 Policy (CPCP).	Eyelid Thermal Pulsation	-	-

0508T	Pls Echo Us B1 Dns Meas Tib	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.071	Pulse-Echo Ultrasound Bone Density Measurement	-	-
0509T	Pattern Erg W/I&R	MR Critoria: Procedure/corpics regioned against Medical Policy Critoria Submit	OTH903.036	Electroretinography (ERG), Multi-Focal Electroretinography (mfERG) And Pattern Electroretinography (PERG)	2/15/2021	5/14/2021
0509T	Pattern Erg W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.036	Electroretinography (ERG), Multi-Focal Electroretinography (mfERG) And Pattern Electroretinography (PERG)	5/15/2021	-
0511T	Rmvl&Rinsj Sinus Tarsi Implt	Folicy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.027	Subtalar Arthroereisis (STA)	-	-
512T	Esw Integ Wnd HIg 1St Wnd	Foliable: Forcedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
513T	Esw Integ Wnd Hig Ea Addi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
524T	Ev Cath Dir Chem Abltj W/Img	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	4/1/2021	_
533T	Cont Rec Mvmt Do 6-10 Days	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	_	_
534T	Cont Rec Mvmt Do Setup&Train	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	-	_
1535T	Cont Rec Mvmt Do Reprt Cnfig	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	_	
536T	Cont Rec Mvmt Do DI W/I&R	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.041	Physiologic Recording of Movement Disorder Symptoms using Motion Analysis Testing Devices	_	_
548T	Tprnl Balo Cntnc Dev Bi	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR701.036	Implanted Adjustable Continence Therapy		12/31/2021
549T	Tprnl Balo Cntnc Dev Uni	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR 701 036	Implanted Adjustable Continence Therapy		12/31/2021
550T	Torol Balo Cotor Dev Rmyl Fa	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Implanted Adjustable Continence Therapy	-	12/31/2021
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	,,,,
551T	Tprnl Balo Cntnc Dev Adjmt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Implanted Adjustable Continence Therapy	-	12/31/2021
63T	Evac Meibomian GInd Heat Bi	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MR Citization Proceedings (consists reviewed against Medical Policy Criteria, Submit		Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)  Orthogodic Applications of Stem Cell Theorem (Including Alloyants and Rope Substitutor Head with Autologous Rope	=	=
65T	Autol Cell Implt Adps Hrvg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	4/1/2021	8/14/2021
65T	Autol Cell Implt Adps Hrvg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	8/15/2021	-
66T	Autol Cell Implt Adps Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)  Althopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Bookust - Used With Autologous Bone Marrow)	4/1/2021	8/14/2021
66T	Autol Cell Implt Adps Njx	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MR Critical Payment and Coding Policy (CPCP).		Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	8/15/2021	-
87T	Perq Impltj/Rplcmt Isdns Ptn	wire criteria. Procedure/ser vice reviewed against wiedlical Policy Criteria. Southit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
88T	Revision/Removal Isdns Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	_
89T	Elec Alys Smpl Prgrmg lins	for predetermination to avoid post-service review.	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
ОТ	Elec Alys Cplx Prgrmg lins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  FIL: Procedure/service not reimbursed by the Plan. Not subject to preservice.	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
)2T	Transdermal Gfr Measurements	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.050	Transdermal Glomerular Filtration Rate	4/1/2021	-
)3T	Transdermal Gfr Monitoring	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.050	Transdermal Glomerular Filtration Rate	4/1/2021	-
LST	Eye Mvmt Alys W/O Calbrj I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	-
20T	Evasc Ven Artlz Tibl/Prnl Vn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
21T	Trabeculostomy Interno Laser	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
22T	Trabeculostomy Int Lsr W/Scp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
523T	Auto Quantification C Plaque	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
24T	Auto Quan C Plaq Data Prep	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	=
i25T	Auto Quan C Plaq Cptr Alys	Foliary (PCPF).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
526T	Auto Quan C Plaq I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
27T	Perq Njx Algc Fluor Lmbr 1St	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
i28T	Perq Njx Algc Fluor Lmbr Ea	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
i29T	Perq Njx Algc Ct Lmbr 1St	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
i30T	Perq Njx Algc Ct Lmbr Ea	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	
31T	Tc Vis Lit Hyperspectral Img	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, investigational and/or Unproven Procedures/Services	1/1/2021	
i32T	Perq Tcat Us Abltj Nrv P-Art	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			1/1/2021	-
i39T		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service region. Check EIU policy (PCP08, which is no of our Clinical Payment and Coding		Experimental, Investigational and/or Unproven Procedures/Services  Experimental Investigational and for Unproven Procedures/Services		E .
	Wrls Skn Snr Anisotropy Meas	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
40T	Nente Nr Ifr Spetrse Wnd	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
541T	Ncntc Nr Ifr Spctrsc Wnd Img	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	=
42T	Nente Nr Ifr Spetrse Wnd I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	=
43T	Tcat L Ventr Rstrj Dev Implt	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	=-
545T	Tcat Impltj C Sins Rdctj Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	=
46T	Ttvi/Rplcmt W/Prstc VIv Perq	for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	=.
550T	Prgrmg Dev Eval Scrms Remote	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	7/1/2021	-
656T	Vrt Bdy Tethering Ant <7 Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.046	Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis	7/1/2021	-
657T	Vrt Bdy Tethering Ant 8+ Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.046	Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis	7/1/2021	-
558T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	-

0664T	Don Hysterectomy Open Cdvr	for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0664T	Don Hysterectomy Open Cdvr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0665T	Don Hysterectomy Open Liv	MR Critoria: Procedure/consists regioned against Modical Rolley Critoria, Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0665T	Don Hysterectomy Open Liv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	_
0666T	Don Hysterectomy Laps Liv	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0666T	Don Hysterectomy Laps Liv	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Services for Infertility and Recurrent Fetal Loss	8/15/2021	3,2,7,222
		Policy (CPCP).  MD Critoria: Procedure (corpice regioned against Medical Policy Critoria, Submit				-
0667T	Don Hysterectomy Rcp Uter	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0667T	Don Hysterectomy Rcp Uter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0668T	Bkbench Prep Don Uter Algrft	for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0668T	Bkbench Prep Don Uter Algrft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0669T	Bkbench Rcnstj Don Uter Ven	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0669T	Bkbench Rcnstj Don Uter Ven	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	_
0670T	Bkbench Rcnstj Don Uter Artl	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0670T	Bkbench Rcnstj Don Uter Artl	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OR402 023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	
00701	Ambulance Service Advanced Life	Policy (CPCP).	OB402.023	Services for filled unity and necturi entri retail toss	6/13/2021	-
A0426	Support Non-Emergency Transport Level 1 (Als 1)	for predetermination to avoid post-service review.	ADM1001.005	Ambulance and Transport Services	2014-09-15	-
A0430	Fixed Wing Air Transport	require Prior Authorization per contract agreement.	ADM1001.005	Ambulance and Medical Transport Services	-	-
	Rotary Wing Air Transport	for predetermination to avoid post-service review.  MB Criteria: Procedure (corpice reviewed against Modical Bolicy Criteria, may	ADM1001.005	Ambulance and Medical Transport Services	-	-
	Fixed Wing Air Mileage	require Prior Authorization per contract agreement.  MD Criteria: Procedure Convice regioned against Medical Policy Criteria, Submit	ADM1001.005	Ambulance and Medical Transport Services	-	-
A0436 A0888	Rotary Wing Air Mileage  Noncovered Ambulance Mileage	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	ADM1001.005 ADM1001.005	Ambulance and Medical Transport Services  Ambulance and Medical Transport Services	_	
A0999	Unlisted Ambulance Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to		- The state of the	_	_
A2001	Innovamatrix Ac Per Sq Cm	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08. which is one of our Clinical Payment and Coding	SUR704 011	- Amniotic Membrane and Amniotic Fluid	2022-04-15	
		Policy (CPCP).  MB Criteria: Procedure/conics reviewed against Medical Policy Criteria: Submit				
A2002	Mirragen adv wnd mat per sq	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2002	Mirragen adv wnd mat per sq	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2004	Xcellistem per sq cm	for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2004	Xcellistem per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2005	Microlyte matrix per sq cm	MR Critoria: Procedure/consists regioned against Modical Rolley Critoria, Submit	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2005	Microlyte matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	_
A2006	Novosorb synpath per sq cm	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2006	Novosorb synpath per sq cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704 011	Amniotic Membrane and Amniotic Fluid	4/15/2022	
A2007		Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid		4/14/2022
- 11	Restrata per sq cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			1/15/2022	4/14/2022
A2007	Restrata per sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2008	Theragenesis per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2008	Theragenesis per sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	-
A2009	Symphony per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	_
A2010	Apis per square centimeter	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/15/2022	4/14/2022
A2010	Apis per square centimeter	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	4/15/2022	
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
A2011	Supra Sdrm Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	-
A2012	Suprathel Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	=
A2013	Innovamatrix Fs Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
A4100	Skin Sub Fda Clrd As Dev Nos	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	2022-04-01	-
A4267	Male Condom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	-	-	-	-
A4290	Sacral Nerve Stim Test Lead	require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	-
A4335 A4421	Incontinence Supply  Octomy Supply Miss	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A4421 A4458	Ostomy Supply Misc  Reusable Enema Bag	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
A4520	Incontinence Garment Anytype	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		_	_	_
A4553	Nondisp Underpads All Sizes	service review.  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.	=	-	-	-
A4555	Ca Tx E-Stim Electr/Transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.039	Tumor Treating Fields (TTF) Therapy	_	_
A4575	Hyperbaric O2 Chamber Disps	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PSY301.014 THE801.003	Autism Spectrum Disorders (ASD) Hyperbaric Oxygen (HBO2) Therapy	-	-
A4600	Sleeve Inter Limb Comp Dev	Policy (CPCP). PA maybe required until 04/01/2022.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
A4639	Infrared Ht Sys Replcmnt Pad	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Skin Contact Monochromatic Infrared Energy (MIRE)	_	_
A4641	Radiopharm Dx Agent Noc	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
A4649	Surgical Supplies	contract/clinical review.  Unlisted: Proceeding-Service not specifically defined or classified, may be subject to	_	-	_	_
A4890	Repair/Maint Cont Hemo Equip	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-	_
A4913	Misc Dialysis Supplies Noc	Unlisted: Procedure/service not specifically defined or classified, may be 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, may be 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 CPCP08, which is one of our Clinical Payment and Coding	DME101.050	Noncontact Normothermic Wound Therapy	=	_
A6261	W. 150 01/0 1/0	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
A6262	Wound Filler Gel/Paste /Oz  Wound Filler Dry Form / Gram	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	=	-
A6512		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>	-	-
	Compres Burn Garment Noc	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	=	-
A6549 A9150	G Compression Stocking	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	-	=	=
A9150	Misc/Exper Non-Prescript Dru	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	=	<u>-</u>	-	-
A9152	Single Vitamin Nos	service review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
A9153	Multi-Vitamin Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.				
		Unlisted: Procedure/service not specifically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
A9270	Non-Covered Item Or Service	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
A9273	Hot/Cold Botle/Cap/Col/Wrap	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A9279	Monitoring Feature/Devicenoc	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	-	-
A9280	Alert Device Noc	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
A9282	Wig Any Type	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME104.001	Prosthesis	-	-
A9285	Inversion Eversion Cor Devic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME103.001	Orthotics	-	-
A9291	Pres Digital Behav Thera Fda	Folicy (CCCF).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PSV302 002	Digital Health Therapies for Substance Abuse	2022-04-01	
		Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	131302.002	organ reduct metaples to substance reduce	2022 04 01	-
A9300	Exercise Equipment	Service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	-	-
A9515	Choline C-11	or predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	#N/A	#N/A	Retired 2019	
A9579	Gad-Base Mr Contrast Nos 1MI	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	=	-
A9597	Pet Dx For Tumor Id Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	=	-
A9598	Pet Dx For Non-Tumor Id Noc	contract/clinical review.	=	-	-	-
A9698	Non-Rad Contrast Materialnoc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
A9699	Radiopharm Rx Agent Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
A9900	Supply/Accessory/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	_
A9999	Dme Supply Or Accessory Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
B4105	Enzyme Cartridge Enteral Nut	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.011	Nutritional Support	-	_
B9998	Enteral Supp Not Otherwise C	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	=	-
в9999	Parenteral Supp Not Othrws C	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-	-
C1052	Hemostatic Agent Gi Topic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	2/1/2021	5/14/2021
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
C1052	Hemostatic Agent Gi Topic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	_
						-
C1761	Cath Trans Intra Litho/Coro	review. Check. EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service wewed against Medical Policy Criteria. Submit	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,	5/15/2021 2021-07-01	-
C1761 C1764	Cath Trans Intra Litho/Coro Event Recorder Cardiac	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 MED202.003	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)		- -
C1761 C1764 C1776	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable)	review. Check. EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service wedwa gajanist Medical Policy Criteria. Submit	ADM1001.032 MED202.003 SUR705.024	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee		-
C1761 C1764 C1776 C1783	Cath Trans Intra Litho/Coro Event Recorder Cardiac  Joint Device (Implantable)  Ocular Imp Aqueous Drain De	review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 MED202.003 SUR705.024 SUR713.034	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Space as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma		-
C1761 C1764 C1776	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable)	review. Check Bill policy (CPP).  MP Criteria: Procedure/service reviewed against Medical Policy (CPP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid goals are review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid go reviewed against Medical Policy Criteria: Submit for predetermination to avoid go reviewed against Medical Policy Criteria: Submit for predetermination to avoid go reviewed against Medical Policy Criteria: Submit for predetermination to avoid go reviewed reviewed against Medical Policy Criteria: Submit for predetermination to avoid gost service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid gost service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid gost service review.	ADM1001.032 MED202.003 SUR705.024	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee		- - - -
C1761 C1764 C1776 C1783	Cath Trans Intra Litho/Coro Event Recorder Cardiac  Joint Device (Implantable)  Ocular Imp Aqueous Drain De	review. Check Elly policy (CPC)98, which is one of our Clinical Payment and Coding Policy (CPC)9.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Procedure Service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 MED202.003 SUR705.024 SUR713.034 OTH903.030	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Space as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma		-
C1761 C1764 C1776 C1783 C1818	Cath Trans Intra Litho/Coro  Event Recorder Cardiac  Joint Device (Implantable)  Ocular Imp Aqueous Drain De  Integrated Keratoprosthesis	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos activarie review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly Diricy CPCPD).  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly Diricy CPCPD.  MP Criteria: Submit for Policy CPCPD.	ADM1001.032 MED202.003 SUR705.024 SUR713.034 OTH903.030	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Giaucoma  Keratoprosithesis	2021-07-01 - - -	-
C1761 C1764 C1776 C1783 C1818	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp. Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  Ellu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly Dolicy CPCPDs, Which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Glaucoma Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,	2021-07-01	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825 C1833	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos six-ervice review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly Dolicy CPCPD).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service for policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Glaucoma Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825 C1833	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opsis-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria.  MP Criteria: Proc	ADM1001.032 MED202.003 SUR705.024 SUR713.034 OTH903.030 SUR701.042 THE801.034 MED202.003 SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825 C1833 C1841	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service reviewed against Medical Policy Criteria	ADM1001.032 MED202.003 SUR705.024 SUR713.034 OTH903.030 SUR701.042 THE801.034 MED202.003 SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lichemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Glaucoma Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lichemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825 C1833 C1841 C1842 C1889	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCPD,  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Pfan.	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis  Retinal Prosthesis  ——————————————————————————————————	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C1783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Add-On	review. Check Elly policy (PCP)9.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP9.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP0.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP0).	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lichemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation for Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lichemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C17783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPD,  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPD,  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos-service review.  BLU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPD,  MI Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPD,  MI Criteria: Procedure/service not specifically defined or classified, may be subject to contractive.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid ops-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid ops-service reviewed against Med	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lichemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Chemia Detection Systems)  Retinal Prosthesis   Endovascular Therapies for Extracranial Vertebral Artery Disease  Extracranial Cardid Angioplasty or Stenting	2021-07-01 4/1/2022 2/1/2021	-
C1761 C1764 C1776 C17783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Add-On Implant/Insert Device Noc Cath Translumin Drug-Coat	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid oos acrevice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opst-service review.  MP Criteria: Procedure/service	ADM1001.032  MED202.003  SUR705.024  SUR705.024  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	
C1761 C1764 C1776 C17783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPO, My which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	ADM1001.032  MED202.003  SUR705.024  SUR705.024  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	
C1761 C1764 C1776 C17783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPO, 8, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPO, 8, which is one of our Clinical Payment and Coding Policy (CPCP).  BU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPO, 8, which is one of our Clinical Payment and Coding Policy (CPCP).  BU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCPO, 8, which is one of our Clinical Payment and Coding Policy (CPCP).  BU: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Unisted: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review.  Unisted: P	ADM1001.032  MED202.003  SUR705.024  SUR705.024  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	
C1761 C1764 C1776 C1776 C1783 C1818 C1823 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698 C2699	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Stranded Nos	review. Check Elly policy (PCPD).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  BLU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  BLU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Elly policy CPCP0.  BLU: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not specifically	ADM1001.032  MED202.003  SUR705.024  SUR701.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	
C1761 C1764 C1776 C17783 C1818 C1823 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698 C2699 C9072	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Non-Stranded Nos Inj Imm Glob Asceniv	review. Check Elly policy (PCP)9.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service reviewed against Medical Policy Criteria	ADM1001.032  MED202.003  SUR705.024  SUR701.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	
C1761 C1764 C1776 C1776 C1783 C1818 C1823 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698 C2699 C9072 C9073	Cath Trans Intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Inj Imm Glob Asceniv Brexucabtagene Autoleucel Ca	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP0, My which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP0, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not specifically defined or classified, may be subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review against Medical Policy Criteria.	ADM1001.032  MED202.003  SUR705.024  SUR701.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	3/31/2021
C1761 C1764 C1764 C1776 C1783 C1818 C1823 C1825 C1833 C1841 C1842 C1842 C2624 C2698 C2699 C9072 C9073 C9074	Cath Trans intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth int/Ext Comp Retinal Prosth int/Ext Comp Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Non-Stranded Nos Inj Imm Glob Asceniv Brexucabtagene Autoleucel Ca Injection Lumasiran	review. Check Elly policy (PCPD).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opas-service reviewed against Medical Policy Criteria	ADM1001.032  MED202.003  SUR705.024  SUR705.034  OTH993.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Eschemia Detection Systems)  Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee  Aqueous Shunts and Stents for Glaucoma  Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices  Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01	3/31/2021 6/30/2021
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C1761 C1764 C1776 C1776 C1783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698 C2699 C9072 C9073 C9074 C9081 C9085	Cath Trans intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Add-On Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Non-Stranded Nos Inj Imm Glob Asceniv Bresucabtagene Autoleucel Ca Injection Lumasiran Idecabtagene car pos t Inj Avalglucosid Alfa-Ngpt Inj. Xipere 1 Mg	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review. Check Elly policy QPCPG, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals exervice review.  MP Criteria: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Ell policy CPCPG, which is one of our Clinical Payment and Coding Policy (CPCP).  Lill Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check Ell policy CPCPG, which is one of our Clinical Payment and Coding Policy (CPCP).  United Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals s	ADM1001.032  MED202.003  SUR705.024  SUR713.034  OTH903.030  SUR701.042  THE801.034  MED202.003  SUR713.026  SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Giaucoma Keratoprosthesis  Phrenic Nerve Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Lechemia Detection Systems)  Retinal Prosthesis	2021-07-01  4/1/2022 2/1/2021 2022-01-01  2/1/2021 2/1/2021 2/1/2021 10/1/2021 1/1/2022 2022-04-01	3/31/2021 6/30/2021 12/31/2021
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C1761 C1764 C1764 C1776 C1776 C1783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1842 C1889 C2623 C2624 C2624 C2698 C2699 C9073 C9074 C9081 C9085 C9092 C9093 C9093 C9257 C9354 C9356	Cath Trans intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Retinal Prosth Add-On Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Non-Stranded Nos Inj Imm Glob Asceniv Brewucabtagene Autoleucel Ca Injection Lumasiran Idecabtagene car pos t Inj. Avalgucosid Alfa Ngpt Inj. Susvimo 0.1 Mg Bevacizumab Injection Veritas Collagen Matrix Cm2 Tenoglide Tendon Prot Cm2 Dermal Substitute Native Non- Denatured Collagen Matrix Per 0.5 Square Centimeters	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid goals service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Bli: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Bli: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit f	ADM1001.032 MED202.003 SUR705.024 SUR705.024 SUR713.034 OTH903.030 SUR701.042 THE801.034 MED202.003 SUR713.026 SUR713.026 SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Exhemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Glaucoma Keratoprosthesis  Phrenic Nerve Stimulation Devices Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01 2/1/2021 2/1/2021 2/1/2021 10/1/2021 11/1/2022 2022-04-01	3/31/2021 6/30/2021 12/31/2021
C1761 C1764 C1776 C1776 C1783 C1818 C1823 C1825 C1825 C1833 C1841 C1842 C1889 C2623 C2624 C2698 C2699 C9072 C9073 C9074 C9081 C9085 C9092 C9093 C9257 C9354	Cath Trans intra Litho/Coro Event Recorder Cardiac Joint Device (Implantable) Ocular Imp Aqueous Drain De Integrated Keratoprosthesis Gen Neuro Trans Sen/Stim Gen Neuro Carot Sinus Baro Cardiac Monitor Sys Retinal Prosth Int/Ext Comp Retinal Prosth Int/Ext Comp Retinal Prosth Add-On Implant/Insert Device Noc Cath Translumin Drug-Coat Wireless Pressure Sensor Brachytx Stranded Nos Brachytx Non-Stranded Nos Inj Imm Glob Asceniv Bresucabtagene Autoleucel Ca Injection Lumairan Idecabtagene car pos t Inj. Avalgucostd Alfa-Ngpt Inj. Susvimo 0.1 Mg Bevacizumab Injection Veritas Collagen Matrix Cm2 Tenoglide Tendon Prot Cm2 Dermal Substitute Native Non- Denatured Collagen Matrix Poring Ingring Guignegn Fetal Borolging Insgringen Collagen Matrix Dermal Substitute Native Non- Denatured Collagen Fetal Borolging Insgringen Collagen Matrix Dermal Substitute Native Non- Denatured Collagen Fetal Borolging Insgringen Collagen Matrix Dermal Substitute Native Non- Denatured Collagen Matrix Dermal Substitute Native Non- Denatured Collagen Matrix Dermal Substitute Native Non- Denatured Collagen Matrix Dermal Substitute Native Non- Dermal Substitute Native Non- Denatured Collagen Matrix)	review. Check Elly policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid opast-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subj	ADM1001.032 MED202.003 SUR705.024 SUR705.024 SUR713.034 OTH903.030 SUR701.042 THE801.034 MED202.003 SUR713.026 SUR713.026 SUR713.026	Experimental, Investigational and/or Unproven Procedures/Services Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee Aqueous Shunts and Stents for Giaucoma Keratoprosthesis  Baroreflex Stimulation For Central Sleep Apnea  Baroreflex Stimulation Devices Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Exhemia Detection Systems)  Retinal Prosthesis  Retinal Prosthesis	2021-07-01 4/1/2022 2/1/2021 2022-01-01 2/1/2021 2/1/2021 2/1/2021 10/1/2021 11/1/2022 2022-04-01	3/31/2021 6/30/2021 12/31/2021
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C9362	ImpInt,bon void filler-strip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bon Marrow)	ne 4/1/2021	_
C9363	Integra Meshed Bil Wound Mat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
C9364	Porcine Implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
C9399	Unclassified Drugs Or Biologicals	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.087 RX501.099 RX501.110	-	-	-
C9739	Cystoscopy Prostatic Imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	_
C9740	Cysto Impl 4 Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	-
C9757	Spine/Lumbar Disk Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit	SUR705.045	Annulus Closure After Discectomy	2022-05-01	2022-07-31
C9757	Spine/Lumbar Disk Surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR705.045	Annulus Closure After Discectomy	2022-08-01	_
	Revascularization, Endovascular,	Policy (CPCP).				
C9764	Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy, Includes Angioplasty Within The Same Vessel(S), When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	-
C9765	Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy, And Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel(S), When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	st\/A	5/15/2021	-
C9766	Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(S); With Intravascular Lithotripsy And Atherectomy, Includes Angioplasty Within The Same Vessel(S). When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	-
C9767	Revascularization, Endovascular, Open Or Percutaneous, Any Vessel(5); With Intravascular Lithotripsy And Transluminal Stent Placement(5), And Atherectomy, Includes Angioplasty Within The Same Vessel(5). When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	-
C9768	Endo Us-Guide Hep Porto Grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.043	Endoscopic Ultrasound-Guided Direct Hepatic Portosystemic Pressure Gradient Measurement	3/1/2021	-
C9769	Cysto W/Temp Pros Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.025	Temporary Prostatic Stent	-	-
C9770	Vitrectomy, Mechanical, Pars Plana Approach, With Subretinal Injection Of Pharmacologic/Biologic Agent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	4/1/2021	-
C9771	Nsl/Sins Cryo Post Nasal Tis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.001	Nasal and Sinus Surgery	2/1/2021	5/14/2021
C9771	Nsl/Sins Cryo Post Nasal Tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR706.001	Nasal and Sinus Surgery	5/15/2021	_
60770		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				0/44/2024
C9772	Revasc lithotrip tibi/perone	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	#N/A	#N/A		8/14/2021
C9772	Revasc lithotrip tibi/perone	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9773	Revasc lithotr-stent tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	#N/A	#N/A		8/14/2021
C9773	Revasc lithotr-stent tib/per	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9774	Revasc lithotr-ather tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	#N/A	#N/A	5/15/2021	8/14/2021
C9774	Revasc lithotr-ather tib/per	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9775	Revasc lith-sten-ath tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/15/2021	8/14/2021
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9777	Esophag Mucosal Integ Add-On	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to		EIU Procedures/Services	8/15/2021	-
C9898	Inpnt Stay Radiolabeled Item	contract/clinical review.	=	-	=	=
C9899	Inpt Implant Pros Dev No Cov	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	=	
D0999	By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D1705	AstraZeneca Covid-19 vaccine administration -first dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	3/15/2021	_
D1706	AstraZeneca Covid-19 vaccine administration -second dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	3/15/2021	-
D1999	By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D2999	Unspecified Restorative Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	=	=
D3410	Apicoectomy - Anterior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	-
D3999	By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D4999	Unspecified Periodontal Procedure By Report	lem:unisted:procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
D5899	Unspecified Removable Prosthodontic Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
D5999		Unlisted Procedure/service not specifically defined or classified, may be subject to	_		_	-
D6199		contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to		_		_
D6999	Report Unspecified Fixed Prosthodontic Procedure By Report Extraction Erupted Tooth Requiring	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
D7210	Removal Of Bone And/Or Sectioning Of Tooth, And Including	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
D7220	Romoval Of Immediate 11 C C				-	-
-	Removal Of Impacted Tooth - Soft Tissue	service review.	=	<u>-                                      </u>		
D7230	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-	-	-
D7230	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report	service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review. Unlisted Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- -	-	-	-
D7230 D7999 D8210	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	- - -	- - -	-	- -
D7230 D7999 D8210 D8220	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Removable Appliance Therapy Fixed Appliance Therapy	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	<u>-</u> -	-	- - -	- - -
D7230  D7999  D8210  D8220  D8999	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Removable Appliance Therapy Fixed Appliance Therapy Unspecified Orthodontic Procedure By Report	service review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to pre- service review.  Unlisted: Procedure/service not covered by the Pfan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-	- - -
D7230  D7999  D8210  D8220  D8999	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Removable Appliance Therapy Fixed Appliance Therapy Unspecified Orthodontic Procedure By Report Unspecified Adjunctive Procedure By Report	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.	-		-	- - - -
D7230 D7999 D8210 D8220 D8999 D9999 E0210	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Removable Appliance Therapy Fixed Appliance Therapy Unspecified Orthodontic Procedure By Report	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre- service review.	-			- - - -
D7230 D7999 D8210 D8220 D8999 D9999 E0210 E0217	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Removable Appliance Therapy Fixed Appliance Therapy Unspecified Orthodontic Procedure By Report Unspecified Adjunctive Procedure By Report Unspecified Adjunctive Procedure By Report Unspecified Adjunctive Procedure By Report Unspecified Adjunctive Procedure By Report	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not covered by the Plan. Not subject to pre- service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre- service review.	-			- - - - -
D7230 D7999 D8210 D8220 D8999 D9999 E0210	Removal Of Impacted Tooth - Soft Tissue Removal Of Impacted Tooth - Partially Bony Unspecified Oral Surgery Procedure By Report Unspecified Oral Surgery Procedure By Report Unspecified Orthodontic Procedure By Report Unspecified Adjunctive Procedure By Report Unspecified Adjunctive Procedure By Report	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  Whisted: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre- service 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.  Unitsed: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Unitsed: Procedure/service not specifically defined or classified, may be subject to  contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre- service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to  pre-	-		-	- - - - - -

E0231	Wound Warming Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.050	Noncontact Normothermic Wound Therapy	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
E0232	Warming Card For Nwt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.050	Noncontact Normothermic Wound Therapy	-	-
E0236	Pump For Water Circulating P	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	=	-	-
E0240	Bath/Shower Chair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	=	-	-
E0241	Bath Tub Wall Rail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	-
E0242	Bath Tub Rail Floor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
E0243	Toilet Rail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	-
E0244	Toilet Seat Raised	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
E0245	Tub Stool Or Bench	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	=
E0246	Transfer Tub Rail Attachment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	=
E0247	Trans Bench W/Wo Comm Open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
E0248	Hdtrans Bench W/Wo Comm Open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	-
E0273	Bed Board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
E0274	Over-Bed Table	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	=	=
E0300	Enclosed Ped Crib Hosp Grade	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.001	Hospital Beds and Related Equipment	-	-
E0315	Bed Accessory Brd/Tbl/Supprt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
E0316	Bed Safety Enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.001	Hospital Beds and Related Equipment	-	-
E0446	Topical Ox Deliver Sys Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	=	-	_
E0471	Rad W/Backup Non Inv Intrfc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	Moved to PA list	6/30/2021
E0485	Oral Device/Appliance Prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	-	-
E0486	Oral Device/Appliance Cusfab	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	-	-
E0487	Electronic Spirometer	Teguine Prior Auditionization per Contract, agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.040	Home Spirometry		
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors,	-	
	Cardiac Event Recorder	Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Felementy, Implantative Cardiac Knythin Event Monitors, and Intracardiac Ischemia Detection Systems)	-	-
	Patient Lift Bathroom Or Toi	Offisce: Procedure/service in specifically defined of dassilied, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=	-	-	-
	Patient Lift Electric	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.034	Lifts, Elevators, and Standing Frames/Systems	=	-
	Combination Sit To Stand Sys	for predetermination to avoid post-service review.	DME101.034	Lifts, Elevators, and Standing Frames/Systems	=	-
	Standing Frame Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.034	Lifts, Elevators, and Standing Frames/Systems	-	-
E0641	Multi-Position Stnd Fram Sys	for predetermination to avoid post-service review.	DME101.034	Lifts, Elevators, and Standing Frames/Systems	=	=
E0642	Dynamic Standing Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.034 MED202.060	Lifts, Elevators, and Standing Frames/Systems  Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0650	Pneuma Compresor Non-Segment	for predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0651	Pneum Compressor Segmental	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073 MED202.060	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0652	Pneum Compres W/Cal Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	=.	
E0655	Pneumatic Appliance Half Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0656	Segmental Pneumatic Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0657	Segmental Pneumatic Chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0660	Pneumatic Appliance Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0665	Pneumatic Appliance Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	_
E0666	Pneumatic Appliance Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	=
E0667	Seg Pneumatic Appl Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0668	Seg Pneumatic Appl Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0669	Seg Pneumatic Appli Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	=
E0670	Seg Pneum Int Legs/Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0671	Pressure Pneum Appl Full Leg	for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	=	=
E0672	Pressure Pneum Appl Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	=	-
E0673	Pressure Pneum Appl Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0675	Pneumatic Compression Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Criteria.	MED202.060	Procuratic Compression Pumps for Treatment of Lymphedema and Venous Ulcers		
E0676	Inter Limb Compress Dev Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	_	-
E0691	Uvl Pnl 2 Sq Ft Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	=	=
E0692	Uvi Sys Panel 4 Ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	=	=
E0693	Uvi Sys Panel 6 Ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	-
E0694	Uvl Md Cabinet Sys 6 Ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	=	=
E0731	Conductive Garment For Tens/	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	-	-
E0740	Non-Implant Pelv FIr E-Stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.037 MED201.030	Pelvic Floor Stimulation (PFS) as a Treatment of Urinary or Fecal Incontinence Sexual Dysfunctions, Assessment and Treatment	_	_
E0745	Neuromuscular Stim For Shock	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR710.018	Sacral Nerve Neuromodulation/Stimulation		
	Elec Osteogen Stim Not Spine	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	MED201.026 SUR705.044	Surface Electrical Stimulation  Electrical Bone Growth Stimulation of the Appendicular Skeleton	_	_
	Elec Osteogen Stim Not Spine  Elec Osteogen Stim Spinal	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.044 SUR705.013	Electrical Bone Growth Stimulation of the Appendicular Skeleton  Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	<u> </u>	_
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.013	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	-	-
	Osteogen Ultrasound Stimitor	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR705.044 DME101.030	Electrical Bone Growth Stimulation of the Appendicular Skeleton  Inw. Intensity Pulsed Liltrasound Fracture Healing Device	=	-
E0760 E0761	Osteogen Ultrasound Stimltor	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Low Intensity Pulsed Ultrasound Fracture Healing Device	-	-
	Nontherm Electromgntc Device	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
E0762	Trans Elec Jt Stim Dev Sys	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.042	Electrical Stimulation for the Treatment of Arthritis	-	-
E0764	Functional Neuromuscularstim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.033	Functional Neuromuscular Electrical Stimulation	1/1/2022	3/31/2022
E0764	Functional Neuromuscularstim	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.033	Functional Neuromuscular Electrical Stimulation	_	6/30/2021
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
E0764	Functional Neuromuscularstim	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.033	Functional Neuromuscular Electrical Stimulation	4/1/2022	-
E0766	Elec Stim Cancer Treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.039	Tumor Treating Fields (TTF) Therapy	-	-

E0769	Electric Wound Treatment Dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
E0770	Functional Electric Stim Nos	Unlisted: Procedure/service not specifically defined or classified  MP Criteria: Procedure/service reviewed against Medical Criteria.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED201.033	Functional Neuromuscular Electrical Stimulation		
		contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			=	=
E0830	Ambulatory Traction Device	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.041	Pneumatic Traction and Spinal Unloading Devices	=	=
E0840	Tract Frame Attach Headboard	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Traction Devices for Use in the Home	-	-
E0849	Cervical Pneum Trac Equip	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.041 DME101.046	Pneumatic Traction and Spinal Unloading Devices Traction Devices for Use in the Home	-	-
E0850	Traction Stand Free Standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0855	Cervical Traction Equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0856	Cervic Collar W Air Bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.041 DME101.046	Pneumatic Traction and Spinal Unloading Devices Traction Devices for Use in the Home	=	=
E0860	Tract Equip Cervical Tract	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Traction Devices for Use in the Home	_	=
E0890	Traction Frame Attach Pelvic	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DMF101 046	Traction Devices for Use in the Home		
	Cont Pas Motion Exercise Dev	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.023	Continuous Passive Motion (CPM) Device	-	-
	Cpm Device Other Than Knee	for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.023	Continuous Passive Motion (CPM) Device		_
E0942	Cervical Head Harness/Halter	Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Traction Devices for Use in the Home		
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
	Pelvic Belt/Harness/Boot	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Traction Devices for Use in the Home	-	-
	W/C Seat Lift Mechanism  Man W/C Push-Rim Powr System	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010  DME101.010	Wheelchairs and Accessories  Wheelchairs and Accessories	_	-
	Pwr Seat Tilt	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
	Pwr Seat Recline	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		_
E1004	Pwr Seat Recline Mech	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		-
E1005	Pwr Seat Recline Pwr	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	
E1006	Pwr Seat Combo W/O Shear	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
E1007	Pwr Seat Combo W/Shear	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
	Pwr Seat Combo Pwr Shear	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
	Add Mech Leg Elevation	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	=	
	Add Pwr Leg Elevation	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	=
	Ctr Mount Pwr Elev Leg Rest	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	=	=
	Manual Adult Wc W Tiltinspac	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
	Pediatric Wheelchair Nos	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				-
	Power Operated Vehicle	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	- Wheelchairs and Accessories	=	=
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Criteria.				
	Ped Power Wheelchair Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	DME101.010	Wheelchairs and Accessories	-	
	Durable Medical Equipment Mi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	-	-	-	-
E1629	Tablo For Dialysis Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	2022-01-01	
						_
E1699	Dialysis Equipment Noc	contract/clinical review.			-	
	Dialysis Equipment Noc  Jaw Motion Rehab System	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME103.009 SUR705.010	Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
		contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (PCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding			-	-
E1700	Jaw Motion Rehab System	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP0).	SUR705.010 DME103.009	Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices	-	-
E1700 E1701 E1702	Jaw Motion Rehab System  Repl Cushions For Jaw Motion	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MC Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MC Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014	Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Autism Spectrum Disorders (ASD)	-	-
E1700 E1701 E1702 E1902	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MC (Treta: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
E1700 E1701 E1702 E1902 E2300	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MC (Treta: Procedure/service review.  MC (Treta: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MC (Treta: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009	Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Autism Spectrum Disorders (ASD) Speech Generating Devices (SGD)		-
E1700 E1701 E1702 E1902 E2300 E2301	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Placity (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (CPCPO).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (CPCPO). Which is one of our Clinical Payment and Coding Policy (CPCP).  MC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  P\$Y901.014  DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJD) Disorders (TMJD)  Autism Spectrum Disorders (ASD) Speech Generating Devices (SGD)  Wheelchairs and Accessories		-
E1700 E1701 E1702 E1902 E2300 E2301 E2310	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Projecty (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  P\$Y901.014  DME104.009  DME101.010  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Mechanical Stretching Devices Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)  Autism Spectrum Disorders (ASD) Speech Generating Devices (SGD)  Wheelchairs and Accessories  Wheelchairs and Accessories		-
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control	contract/clinical review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Projects (CPCP).  EIU: Procedure/service on treimbursed by the Plan. Not subject to pre-service review. Check EIU policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mor Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014  DME104.009  DME101.010  DME101.010  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generating Devices (GSD)  Wheelchairs and Accessories  Wheelchairs and Accessories  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys	contract/clinical review.  Ell: Procedury/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedury/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Ell: Procedury/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedury/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedury/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010  DME101.010  DME101.010  DME101.010  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autims Dectrum Disorders (ASD) Speech Generating Devices (GGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014  DME104.009  DME101.010  DME101.010  DME101.010  DME101.010  DME101.010  DME101.010  DME101.010  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generating Devices (GSD)  Wheelchairs and Accessories		-
E1700 E1701 E1702 E1902 E2300 E2301 E2311 E2312 E2313 E2321	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2311 E2312 E2313 E2321 E2322	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick	contract/clinical review.  Ell: Procedure/preview can treimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Projecty (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Projecty (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  More Chreia. Procedure/service review dagainst Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/s	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2321 E2322 E2323 E2324	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Projecty (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  More Chreia. Procedure/service review dagainst Medical Policy Cirteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Cirteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Cirteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  More Chreia. Procedure/s	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2321 E2322 E2323 E2324 E2325	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Crit	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2312 E2322 E2323 E2324 E2325 E2326	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Sip And Puff Interface	contract/clinical review.  Ell: Procedure/preview can treimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service on treimbursed by the Plan. Not subject to pre-service Projecty (CPCP).  Ell: Procedure/service or terimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service or terimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria-Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predeterminati	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2312 E2322 E2323 E2324 E2325 E2326 E2327	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Mears Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Sip And Puff Interface  Breath Tube Kit	contract/clinical review.  Ell: Procedure/preview cent reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submi	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Bip And Puff Interface  Breath Tube Kit  Head Control Interface Mech	contract/clinical review.  Ell: Procedure/preview cent reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submi	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Bip And Puff Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter	contract/clinical review.  Ell: Procedure/preview cent reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: P	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2312 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control InterFace Mech	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-serv	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (GSD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tup Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Interface Mech  Head Control Nonproportional  Head Control Nonproportional	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service revi	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331 E2340	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Nonproportional  Head Control Prosimity Switc  Attendant Control	contract/clinical review.  Ell: Procedure/preview cent reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/serview cent reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331 E2341	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Nonproportional  Head Control Nonproportional  Head Control Toysimity Switc  Attendant Control  W/C Wdth 20-23 in Seat Frame	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Su	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2341 E2341 E2342	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Ase Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Nonproportional  Head Control Prosimity Switc  Attendant Control  W/C Wdth 20-23 in Seat Frame  W/C Wdth 20-23 in Seat Frame	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Me Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Su	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2341 E2341 E2341 E2342 E2343	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Mears Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Nonproportional  Head Control Nonproportional  Head Control Toysimity Switc  Attendant Control  W/C Wdth 20-23 in Seat Frame  W/C Wdth 20-21 in Seat Frame  W/C Wdth 20-21 in Seat Frame	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service revi	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2341 E2341 E2341 E2342 E2343 E2341 E2342	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Measr Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tup Kit  Head Control Interface Mech  Head/Extremity Control Inter  Head Control Nonproportional  Head Control Nonproportional  Head Control Prosimity Switc  Attendant Control  W/C Wdth 20-23 in Seat Frame  W/C Upth 20-21 in Seat Frame  W/C Opth 20-21 in Seat Frame  W/C Opth 20-21 in Seat Frame  W/C Opth 22-25 in Seat Frame	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Mo Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service revi	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories		
E1700 E1701 E1702 E1902 E2300 E2301 E2310 E2311 E2312 E2313 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2341 E2341 E2341 E2341 E2341 E2341 E2343 E2341 E2343	Jaw Motion Rehab System  Repl Cushions For Jaw Motion  Repl Mears Scales Jaw Motion  Aac Non-Electronic Board  Pwr Seat Elevation Sys  Pwr Standing  Electro Connect Btw Control  Electro Connect Btw Control  Electro Connect Btw 2 Sys  Mini-Prop Remote Joystick  Pwc Harness Expand Control  Hand Interface Joystick  Mult Mech Switches  Special Joystick Handle  Chin Cup Interface  Breath Tube Kit  Head Control Interface Mech  Head/Extremity Control Interface  Head Control Nonproportional  Head Control Nonproportional  Head Control Proximity Switc  Attendant Control  W/C Wdth 20-23 in Seat Frame  W/C Opth 20-21 in Seat Frame  W/C Opth 20-21 in Seat Frame  Electronic Sgd Interface	contract/clinical review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service mot reimbursed by the Plan. Not subject to pre-service Projects (CPCP).  Ell: Procedure/service reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Amendation of the Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Amendation of the Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedu	SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  DME103.009 SUR705.010  PSY301.014 DME104.009 DME101.010  DME101.010	Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMID)  Autism Spectrum Disorders (ASD) Speech Generaling Devices (SGD)  Wheelchairs and Accessories  Wheelchairs and Accessories		

E2375	Non-Expandable Controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
E2376	Expandable Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
E2377	Expandable Controller Initl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
E2500		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.009			-
	Sgd Digitized Pre-Rec <=8Min	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Speech Generating Devices (SGD)		-
E2502	Sgd Prerec Msg >8Min <=20Min	for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	<u>-</u> .
E2504	Sgd Prerec Msg>20Min <=40Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	-
E2506	Sgd Prerec Msg > 40 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.009	Speech Generating Devices (SGD)	_	_
E2508	Sgd Spelling Phys Contact	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.009	Speech Generating Devices (SGD)		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	D14F404.000			
	Sgd W Multi Methods Msg/Accs	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.009	Speech Generating Devices (SGD)	_	
E2511	Sgd Sftwre Prgrm For Pc/Pda	for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	-
E2512	Sgd Accessory Mounting Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	=	=
E2599	Sgd Accessory Noc	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	DME104 009	Speech Generating Devices (SGD)		
12399	sgu Accessory Noc	contract/clinical review.	DIVIE104.009	Speech denerating Devices (SGD)	=	=
E2610	Powered W/C Cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
G0176	Opps/Php;Activity Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.014	Autism Spectrum Disorders (ASD)	_	_
G0235	Pet Imaging Any Site Not	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Otherwise Specified	contract/clinical review. May require PA per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	- 		-	-
G0255	Current Percep Threshold Tst	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.033 MED205.030	Automated Point-of-Care Nerve Conduction Testing  Quantitative Sensory Testing	-	-
G0276	Pild/Placebo Control Clin Tr	Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
		service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	-	=	-	-
G0277	Hbot Full Body Chamber 30M	require Prior Authorization per contract agreement.	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	-	-
G0281	Elec Stim Unattend For Press	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
G0282	Elect Stim Wound Care Not Pd	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
G0293	Non-Cov Surg Proc Clin Trial	Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
	<del>-</del>	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-	-	-
G0294	Non-Cov Proc Clinical Trial	service review.	-	-	-	-
G0295	Electromagnetic Therapy Onc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.027 THE803.008	Electrostimulation and Electromagnetic Therapy for Treating Wounds Non-Covered Physical Therapy Services	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
G0329	Electromagntic Tx For Ulcers	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.027 THE803.008	Electrostimulation and Electromagnetic Therapy for Treating Wounds Non-Covered Physical Therapy Services	-	-
G0341	Percutaneous Islet Celltrans	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.013	Pancreas and Related Organ Tissue Transplantation		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			_	
G0342	Laparoscopy Islet Cell Trans	for predetermination to avoid post-service review.	SUR703.013	Pancreas and Related Organ Tissue Transplantation	-	
G0343	Laparotomy Islet Cell Transp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.013	Pancreas and Related Organ Tissue Transplantation	-	=-
G0416	Prostate Biopsy Any Mthd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.015	Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer, Including Comprehensive 3D Mapping with Biopsy	-	-
G0422	Intens Cardiac Rehab W/Exerc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.023	Cardiac Rehabilitation (CR)		
	Intens Cardiac Rehab No Exer	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	THE803.023	Cardiac Rehabilitation (CR)		
	Collagen Meniscus Implant	for predetermination to avoid post-service review.	1112003.023	Cal triat neriabilitation (CR)	_	
G0428	Procedure For Filling Meniscal Defects (E.G. Cmi Collagen Scaffold	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). PA maybe required until 04/01/2022.	SUR705.034	Meniscal Allografts and Other Meniscal Implants	-	-
	Menaflex) Dermal Filler Injection(S) For The	Total (ci. ci.). Francisco required dital 04/04/2022.				
	Treatment Of Facial Lipodystrophy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
G0429	Syndrome (Lds) (E.G. As A Result Of Highly Active Antiretroviral	for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
	Therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
G0455	Fecal Microbiota Prep Instil	for predetermination to avoid post-service review.	SUR703.049	Fecal Microbiota Transplantation (FMT)	-	-
G0460	Autologous Prp For Ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	_	_
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
G0465	Autolog Prp Diab Wound Ulcer	for predetermination to avoid post-service review.	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	4/13/2021	3/31/2022
G0465	Autolog Prp Diab Wound Ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022	_
		Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
G2011	Alcohol/Sub Misuse Assess	service review.	=	-	-	_
G2082	Visit Esketamine 56M Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.105	Esketamine Nasal Spray	-	4/15/2021
G2082	Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.105	Esketamine Nasal Spray	08/01/2021	_
G2083	Visit Esketamine > 56M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.105	Esketamine Nasal Spray	_	4/15/2021
	Visit esketamine > 56m	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.105	Esketamine Nasal Spray	08/01/2021	
		for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	NAJU1.1U5	Lanctonnine redadi apii dy	08/01/2021	-
	Lvef>=40% Doc Normal Or Mild	service review.	-	=	-	-
G8396	Lvef Not Performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	-
G8397	Dil Macula/Fundus Exam/W Doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	_	_	-
G8399	Pt W/Dxa Results Document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_			_
	Pt W/Dxa No Results Doc	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-	=		-	-
G8404	Low Externity Neur Exam Docum	service review.	-	=	-	-
G8405	Low Externity Neur Not Perfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-	-	-
G8410	Eval On Foot Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	_	-	-
G8415	Eval On Foot Not Performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
	Pt Inelig Footwear Evaluatio	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-	-		-	-
	Calc Bmi Abv Up Param F/U	service review.	=	=	-	=
G8418	Calc Bmi Blw Low Param F/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	=	-
G8419	Calc Bmi Out Nrm Param Nof/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	=	=
G8420	Calc Bmi Norm Parameters	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
G8421	Bmi Not Calculated	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-	=		-	-
	Pt Inelig Bmi Calculation	service review.	-	-	-	12/31/2021
G8427	Docrev Cur Meds By Elig Clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	=	-	=
G8428	Cur Meds Not Document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
G8430	Doc Med Rsn No Medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
	Pos Clin Depres Scrn F/U Doc	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-	-	-	-	-
G8432	Dep Scr Not Doc Rng	service review.	-	-	-	-
G8433	Scr For Dep Not Cpt Doc Rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-

G8450	Beta-Bloc Rx Pt W/Abn Lvef	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
G8451	Pt W/Abn Lvef Inelig B-Bloc	service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
G8451	PT W/ADD EVET INEING B-BIOC	service review.	-	-
G8452	Pt W/Abn Lvef B-Bloc No Rx	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	=	_
G8465	High Risk Recurrence Pro Ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
00403		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	_
G8473	Ace/Arb Thxpy Rx?D	Non Loverea: Procedure/service not covered by the Plan. Not subject to preservice 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	Not corect. Proceed by the not corect by the Plats. Not suiject to pre-	=	=
G8476	Bp Sys <140 And Dias <90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_
		service review.		
G8477	Bp Sys>=140 And/Or Dias >=90	service review.	-	-
G8478	Bp Not Performed/Doc	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
G8482	51 to	service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
G8482	Flu Immunize Order/Admin	service review.	-	-
G8483	Flu Imm No Admin Doc Rea	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	_
G8484	Flu Immunize No Admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
	Tid minidize No Admin	service review.	-	-
G9012	Other Specified Case Mgmt	Contract/Citical review.	-	-
G9050	Oncology Work-Up Evaluation	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-		
G9051	Oncology Tx Decision-Mgmt	service review.	-	-
G9052	Onc Surveillance For Disease	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
G9053	0.5	service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
09055	Onc Expectant Management Pt	service review.	-	-
G9054	Onc Supervision Palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
G9055	Onc Visit Unspecified Nos	service review.  - Unlisted: Procedure/service not specifically defined or classified  United: Trocedure/service not specifically defined or classified	-	-
G9056	One Prac Memt Adhorse Cuide	Unisses Procedure/service not specifically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
	Onc Prac Mgmt Adheres Guide	service review.	-	-
G9057	Onc Pract Mgmt Differs Trial	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-
G9058	Onc Prac Mgmt Disagree W/Gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
	One Frac Wight Disagree W/Out	service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-
G9059	Onc Prac Mgmt Pt Opt Alterna	service review.	=	=
G9060	Onc Prac Mgmt Dif Pt Comorb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
		service review		_
G9061	Onc Prac Cond Noadd By Guide	service review.	-	-
G9062	Onc Prac Guide Differs Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	
		service review. — — — — — — — — — — — — — — — — — — —		
G9063	Onc Dx Nsclc Stgi No Progres	service review.	-	=
G9064	Onc Dx Nsclc Stg2 No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
G9065	Onc Dx Nsclc Stg3A No Progre	set ivice i exversi. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
09005	Offic DX NSCIC SIgSA NO Progre	service review.	-	-
G9066	Onc Dx Nsclc Stg3B-4 Metasta	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	_
G9067	Onc Dx Nsclc Dx Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
03007	One by rescie by Onknown res	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	_
G9068	Onc Dx Sclc/Nsclc Limited	Non Covered. Procedure year vice flox Covered by the Priati. Not studget to pre-	-	-
G9069	Onc Dx Sclc/Nsclc Ext At Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
	<u> </u>	service review.		_
G9070	Onc Dx Scic/Nscic Ext Unknwn	service review.	-	-
G9071	Onc Dx Brst Stg1-2B Hr Nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
00070		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
G9072	Onc Dx Brst Stg1-2 Noprogres	service review.	-	=
G9073	Onc Dx Brst Stg3-Hr No Pro	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	_	_
G9074	Onc Dx Brst Stg3-Noprogress	set ivice i exversi. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
03074	Official prist stgs-Noprogress	service review.	-	-
G9075	Onc Dx Brst Metastic/ Recur	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	=
G9077	Onc Dx Prostate T1No Progres	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-	-	-
G9078	Onc Dx Prostate T2No Progres	Not covered. Proceedings which in covered by the Frain. Not student to pre-	=	=
G9079	Onc Dx Prostate T3B-T4Noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
		service review.		_
G9080	Onc Dx Prostate W/Rise Psa	service review.	-	-
G9083	Onc Dx Prostate Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	_
G9084	One Dx Colon T1-3 N1-2 No Pr	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
39064	OHC DX COION 11-3 N1-2 No Pr	service review.	-	-
G9085	Onc Dx Colon T4 N0 W/O Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-
G9087	Onc Dx Colon Metas Evid Dx	service review.	-	-
G9088	Onc Dx Colon Metas Noevid Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_
		service review. — — — — — — — — — — — — — — — — — — —	_	
G9089	Onc Dx Colon Extent Unknown	service review.	-	-
G9090	Onc Dx Rectal T1-2 No Progr	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-
G9091	Onc Dx Rectal T3 N0 No Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
		service review.	-	-
G9092	Onc Dx Rectal T1-3 N1-2Noprg	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-
G9093	Onc Dx Rectal T4 N M0 No Prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
		service review. — — — — — — — — — — — — — — — — — — —		_
G9094	Onc Dx Rectal M1 W/Mets Prog	service review.	-	-
G9095	Onc Dx Rectal Extent Unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	
		service review. — — — — — — — — — — — — — — — — — — —		
G9096	Onc Dx Esophag T1-T3 Noprog	service review.	=	=
G9097	Onc Dx Esophageal T4 No Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_
G9098	Onc Dx Esophageal Mets Recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
	and on adopting car wiers necur	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.  Non Coveres': Procedure/service not covered by the Plan. Not subject to pre-		-
G9101	Onc Dx Gastric P R1-R2Noprog	service review.	-	=
G9102	Onc Dx Gastric Unresectable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	
		service review. — — — — — — — — — — — — — — — — — — —		
G9103	Onc Dx Gastric Recurrent	service review.	-	-
G9104	Onc Dx Gastric Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	
COSOF		service review.		
G9105	Onc Dx Pancreatc P R0 Res No	service review.	-	-
G9106	Onc Dx Pancreatc P R1/R2 No	Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	-
G9107	Onc Dx Pancreatic Unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-		
		service review.	-	-

G9108	Onc Dx Pancreatic Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	_	=
G9109	Onc Dx Head/Neck T1-T2No Prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
G9110	Onc Dx Head/Neck T3-4 Noprog	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-	-	<del>-</del>	-	_
G9111	Onc Dx Head/Neck M1 Mets Rec	service review.	-	-	-	
G9112	Onc Dx Head/Neck Ext Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	=	=	-
G9113	Onc Dx Ovarian Stg1A-B No Pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	_
G9114	Onc Dx Ovarian Stg1A-B Or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
	Onc Dx Ovarian Stg3/4 Noprog	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<u>-</u>	-	
		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<del>-</del>	-	_
G9116	Onc Dx Ovarian Recurrence	service review.	-	-	-	-
G9117	Onc Dx Ovarian Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
G9123	Onc Dx Cml Chronic Phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	-	_	_
G9124	Onc Dx Cml Acceler Phase	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-	-	-	-	-
G9125	Onc Dx Cml Blast Phase	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	=	-	-
G9126	Onc Dx Cml Remission	service review.	-	-	-	-
G9128	Onc Dx Multi Myeloma Stage I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	_
G9129	Onc Dx Mult Myeloma Stg2 Hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	_	_
G9130	Onc Dx Multi Myeloma Unknown	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-	-	<del>-</del>	-	-
G9131	Onc Dx Brst Unknown Nos	service review.	-	-	-	-
G9132	Onc Dx Prostate Mets No Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
G9133	Onc Dx Prostate Clinical Met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	=
G9134	Onc Nhistg 1-2 No Relap No	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
	Onc Dx Nhl Stg 3-4 Not Relap	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-	-	F. Communication of the Commun	-	=
G9136	Onc Dx Nhl Trans To Lg Bcell	service review.	-	-	-	-
G9137	Onc Dx Nhl Relapse/Refractor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	_	-	-
G9138	Onc Dx Nhl Stg Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
G9139	Onc Dx Cml Dx Status Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
	Frontier Extended Stay Demo	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-		-
G9140	Outpatient Intravenous Insulin	service review.	-	-	-	-
	Treatment (Oivit) Either Pulsatile Or					
	Continuous, By Any Means, Guided By The Results Of Measurements	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
	For:Respiratory Quotient; And/Or,	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.028	Intermittent Intravenous Insulin Therapy	-	_
	Urine Urea Nitrogen (Uun); And/Or, Arterial, Venous Or Capillary	Policy (CPCP).				
	Glucose; And/Or Potassium					
G9978	Concentration  Remote E/M New 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 Plan. Not subject to pre-	-	-	-	-
G9979	Remote E/M New Pt 20Mins	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-	_	_	_	_
G9983	Remote E/M Est. Pt 10Mins	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<u>-</u>		
		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<del>-</del>	-	_
G9984	Remote E/M Est. Pt 15Mins	service review.	-	-	-	-
G9985	Remote E/M Est. Pt 25Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	=
G9986	Remote E/M Est. Pt 40Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	_
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
H0046		service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				_
	Mental Health Service Nos	contract/clinical review.	-	-		-
H0047	Alcohol/Drug Abuse Svc Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	
J0121	Inj. Omadacycline 1 Mg	contract/clinical review.	=	<u>-                                      </u>	-	=
J0122	inj. Omadacycinic 2146	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- #N/A	±n/A	- Retired 2019	-
	Inj. Eravacycline 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=		Retired 2019	<u>-</u>
J0129	Inj. Eravacycline 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A #N/A RX501.113	mN/A Abatacept		-
	Inj. Eravacycline 1 Mg  Abatacept Injection	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A #N/A RX501.113 RX501.096	#N/A Abstacept Specialty Medication Administration Site of Care	Retired 2019	-
	Inj. Eravacycline 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A #N/A RX501.113 RX501.096 RX501.137	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa		- - -
	Inj. Eravacycline 1 Mg  Abatacept Injection	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure fervice reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A #N/A RX501.113 RX501.096	#N/A Abstacept Specialty Medication Administration Site of Care	Retired 2019	- - - -
J0172	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, bubmit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A #N/A #N/A RX50.1113 RX501.096 RX501.137 RX501.067	#N/A Abstacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Retired 2019	-
J0172 J0180 J0202	Inj. Eravacycline 1 Mg  Abatacept Injection Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection Injection Alemtuzumab	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A #N/A RX501.113 RX501.096 RX501.137 RX501.096 RX501.097 RX501.097 RX501.077	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtuzumab	Retired 2019  - 1/1/2022  -	-
J0172 J0180 J0202 J0219	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	mN/A mN/A RX501.113 RX501.096 RX501.137 RX501.067 RX501.067	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Retired 2019	
J0172 J0180 J0202 J0219	Inj. Eravacycline 1 Mg  Abatacept Injection Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection Injection Alemtuzumab	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Criteria.	mN/A  RNSO1.113  RNSO1.096  RNSO1.067  RNSO1.067  RNSO1.067	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtuzumab	Retired 2019  - 1/1/2022  -	-
J0172 J0180 J0202 J0219 J0220	Inj. Eravacycline 1 Mg Abatacept Injection Inj Aducanumab-Avwa 2 Mg Agalsidase Beta Injection Injection Alemtuzumab Inj Aval Alfa-Nopt 4 Mg Alglucosidase Alfa Injection Injection Alglucosidase Alfa	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Ademtuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Retired 2019  - 1/1/2022  -	
J0172 J0180 J0202 J0219 J0220 J0221	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg	contract/clinical review.  MP Criteria: Procodeur-/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedur-/service reviewed against Medical Criteria.  Unlisted: Procedur-/service not specifically defined or classified, may be subject to contract/Clinical review.  MP Criteria: Procedur-/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	mN/A  mN/A  mN/A  mN/S01.113  RXS01.096  RXS01.137  RXS01.067  RXS01.067  RXS01.067  RXS01.067  RXS01.067  RXS01.067	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Adventurumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Retired 2019  - 1/1/2022  -	
J0172 J0180 J0202 J0219 J0220	Inj. Eravacycline 1 Mg Abatacept Injection Inj Aducanumab-Avwa 2 Mg Agalsidase Beta Injection Injection Alemtuzumab Inj Aval Alfa-Nopt 4 Mg Alglucosidase Alfa Injection Injection Alglucosidase Alfa	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Criteria.  Unlisted: Procedure/service reviewed against Medical Criteria.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care	Retired 2019  - 1/1/2022  -	-
J0172 J0180 J0202 J0219 J0220 J0221	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may be subject to contract/Clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	mN/A  mN/A  mN/A  mN/S01.113  RXS01.096  RXS01.137  RXS01.067  RXS01.067  RXS01.067  RXS01.067  RXS01.067  RXS01.067	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Adventurumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Retired 2019  - 1/1/2022  -	
J0172 J0180 J0202 J0219 J0220 J0221 J0222 J0223	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa  (Lumizyme) 10 Mg  Inj. Patisiran 0.1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit Medical Policy Criteria. Submit Medical Policy Criteria.	mN/A mN/A RX501.113 RX501.096 RX501.137 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.066 RX501.067 RX501.096 RX501.125	#N/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Allenturumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Givosirian	Retired 2019  - 1/1/2022  -	-
J0172 J0180 J0202 J0219 J0220 J0221 J0222 J0222 J0223 J0224	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj Givosiran 0.5 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medic	mN/A  8N/A  8N/SO1.113  8N/SO1.113  8N/SO1.096  8N/SO1.067  8N/SO1.067  8N/SO1.067  8N/SO1.067  8N/SO1.067  8N/SO1.067  8N/SO1.067  8N/SO1.066  8N/SO1.125  8N/SO1.133	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzurnab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Giosofran Specialty Medication Administration Site of Care	Retired 2019  - 1/1/2022	
J0172 J0180 J0202 J0219 J0220 J0221 J0222 J0222 J0223 J0224 J0256	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alginucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Givosiran 0.5 Mg  Alpha 1 Proteinase Inhibitor	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, bubmit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for Prior Authorization per contract agreement.	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzurnab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Giosofran Specialty Medication Administration Site of Care Lumasiran	Retired 2019  - 1/1/2022  2022-04-01	
J0172 J0180 J0202 J0219 J0220 J0221 J0222 J0223 J0224 J0256 J0291	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Inj. Lumasiran 0.5 Mg  Alpha 1 Proteinase Inhibitor  Inj. Plazomicin 5 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Pol		BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzurnab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Giosofran Specialty Medication Administration Site of Care	Retired 2019  - 1/1/2022	
J0172 J0180 J0202 J0219 J0220 J0221 J0222 J0223 J0224 J0256	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alginucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Givosiran 0.5 Mg  Alpha 1 Proteinase Inhibitor	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Pol	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab awava Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Ademtuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Givosiran Specialty Medication Administration Site of Care Lumasiran	Retired 2019  - 1/1/2022  2022-04-01	
10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10490   1048	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Inj. Lumasiran 0.5 Mg  Alpha 1 Proteinase Inhibitor  Inj. Plazomicin 5 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed agains		BN/A Abatacept Specialty Medication Administration Site of Care Advanumab—awa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care  Givosiran Specialty Medication Administration Site of Care  Umasiran  BN/A Belimumab	Retired 2019  - 1/1/2022  2022-04-01	
10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10490   1048	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa (  Lumizymej 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Lumasiran 0.5 Mg  Algha 1 Proteinase Inhibitor  Inj. Plazonicin 5 Mg  Inj. Plazonicin 5 Mg  Injection, Belimumab, 10 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit	#N/A #N/A RX501.113 RX501.096 RX501.137 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.067 RX501.068 RX501.133 #N/A RX501.116 RX501.116 RX501.116 RX501.100	#W/A Abstacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Givosiran Specialty Medication Administration Site of Care Lumasiran  #W/A Belimumab Specialty Medication Administration Site of Care Antiforumab-Time Administration Site of Care Belimumab Specialty Medication Administration Site of Care Bennalizumab Bennalizumab Bennalizumab	Retired 2019	
10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10491   10517	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection Injection Algunosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Humasiran 0.5 Mg  Alpha 1 Proteinase Inhibitor  Inj. Plazomicin 5 Mg  Inj. Plazomicin 5 Mg  Injection Algunab-Fria 1 Mg  Inj Anifrolumab-Fria 1 Mg  Inj. Anifrolumab-Fria 1 Mg  Inj. Benralizumab 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Pior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against	mN/A  mN/A  RX501.113  RX501.096  RX501.137  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.096  RX501.096  RX501.096  RX501.116  RX501.116  RX501.138  RX501.138  RX501.138  RX501.138	Abatacapt Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care  Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care  Lumasiran	Retired 2019	
10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10491   10517   10565   1056	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Algentusumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection  Injection Alglucosidase Alfa  (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Totelnase Inhibitor  Inj. Plazomicin 5 Mg  Injection, Bellimumab, 10 Mg  Inj Anifr olumab Fnia 1 Mg  Inj Anifr olumab Fnia 1 Mg  Inj. Benralizumab 1 Mg  Inj. Benralizumab 1 Mg  Inj. Berarlizumab 1 Mg  Inj. Beseralizumab 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Pol	mN/A  mN/A  RX501.113  RX501.096  RX501.137  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.067  RX501.096  RX501.096  RX501.096  RX501.116  RX501.116  RX501.138  RX501.138  RX501.138  RX501.138  RX501.100  RX501.096  RX501.096  RX501.096  RX501.096  RX501.096  RX501.097	Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alemtzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care  Specialty Medication Administration Site of Care Lumasiran	Retired 2019	
10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10491   10517   10565   10567   10567	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Alglucosidase Alfa Injection Injection Algunosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Humasiran 0.5 Mg  Alpha 1 Proteinase Inhibitor  Inj. Plazomicin 5 Mg  Inj. Plazomicin 5 Mg  Injection Algunab-Fria 1 Mg  Inj Anifrolumab-Fria 1 Mg  Inj. Anifrolumab-Fria 1 Mg  Inj. Benralizumab 1 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Pol	mN/A  mN/A	BN/A Abatacept Specialty Medication Administration Site of Care Aducanumab-awwa Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Administration Site of Care Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Givosiran Specialty Medication Administration Site of Care Lumasiran	Retired 2019	
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10172   10180   10202   10219   10220   10221   10222   10223   10224   10256   10291   10490   10491   10517   10565   10567   10584   10586   1058	Inj. Eravacycline 1 Mg  Abatacept Injection  Inj Aducanumab-Avwa 2 Mg  Agalsidase Beta Injection  Injection Alemtuzumab  Inj Aval Alfa-Napt 4 Mg  Aglucosidase Alfa Injection  Injection Alglucosidase Alfa (Lumizyme) 10 Mg  Inj. Patsiran 0.1 Mg  Inj. Humasiran 0.5 Mg  Alpha 1 Proteinase Inhibitor  Inj. Plazomicin 5 Mg  Inj. Plazomicin 5 Mg  Inj. Plazomicin 5 Mg  Inj. Holoumab-Fnia 1 Mg  Inj. Beraltzumab 1 Mg  Inj. Beraltzumab 1 Mg  Inj. Beraltzumab 1 Mg  Inj. Cerliponase Alfa 1 Mg  Injection Burosumab-Twza 1 M	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service review against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service reviewed against	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	#W/A Abatacept Specialty Medication Administration Site of Care Aducanumab awwa Enzyme-Replacement Therapy for Lyosomal Storage Disorders Specialty Medication Administration Site of Care Alternaturab Enzyme-Replacement Therapy for Lyosomal Storage Disorders Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Lumasiran  #### M/A Belimumab Specialty Medication Administration Site of Care Antifrotumab-fnia Bernalizumab Specialty Medication Administration Site of Care Artifrotumab-fnia Bernalizumab Specialty Medication Administration Site of Care Beatlotonumab Certiponase alfa Burosumab-twas Specialty Medication Administration Site of Care Boutinum Tools Browship Medication Administration Site of Care Boutinum Tools	Retired 2019	
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J0638	Canakinumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	-	_
J0717	Certolizumab Pegol Inj 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	-	-
J0775	Collagenase Clost Hist Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	-	-
J0791	Inj Crizanlizumab-Tmca 5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	3/1/2021	_
J0800	Corticotropin Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	_
J0881	Darbepoetin Alfa Non-Esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	-	-
J0885	Epoetin Alfa Non-Esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	-	12/31/2021
J0888	Epoetin Beta Non Esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	-	-
J0896	Inj luspatercept-aamt 0.25mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	_
J1096	Dexametha Opth Insert 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	OTH903.024	Intravitreal, Punctum, and Intracameral Implants	_	
J1097	Phenylep Ketorolac Opth Soln	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	#N/A	#N/A	Retired 2019	
J1290	Ecallantide Injection	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX504.013	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide	_	_
J1300	Eculizumab Injection	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX501.066	Specialty Medication Administration Site of Care  Eculizumab		_
J1301	Injection Edaravone 1 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX501.095	Specialty Medication Administration Site of Care Edaravone	=	=
J1303	Inj. Ravulizumab-Cwvz 10 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX501.107	Specialty Medication Administration Site of Care Ravulizumab-cwvz	=	=
J1305	Inj evinacumab-dgnb 5mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.096 RX501.136	Specialty Medication Administration Site of Care  Evinacumab-dgnb	10/1/2021	-
J1322		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	10/1/2021	_
	Elosulfase Alfa Injection	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096	Specialty Medication Administration Site of Care	=	=
J1325	Epoprostenol Injection	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	-	-
J1426	Injection casimersen 10 mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.135	Casimersen	10/1/2021	_
J1427	Vitolarsen, 10 Mg	for predetermination to avoid post-service review.	RX501.129	Viltolarsen	5/1/2021	
J1428	Inj Eteplirsen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.084	Eteplirsen	-	-
J1429	Inj Golodirsen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.122	Golodirsen	-	
J1458	Galsulfase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	=	=
J1459	Inj Ivig Privigen 500 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	-
J1554	Injection, Immune Globulin (Asceniv), 500Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG])	4/1/2021	-
J1555	Inj Cuvitru 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	-
J1556	Inj Imm Glob Bivigam 500Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	-
J1557	Injection, Immune Globulin, (Gammaplex), Intravenous, Non-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		
	Lyophilized (E.G. Liquid), 500 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX504.003	Specialty Medication Administration Site of Care  Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	=
J1558	Inj. Xembify 100 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX504.003	Specialty Medication Administration Site of Care  Immunoglobulin (ig) Therapy (including intravenous [VIG] and Subcutaneous Ig [SCIG])	-	-
J1559	Hizentra Injection	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX504.003	Specialty Medication Administration Site of Care  Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG))	-	-
J1561	Gamunex-C/Gammaked	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096	Specialty Medication Administration Site of Care	=	-
J1562	Vivaglobin Inj	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX504.003	Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG])	=	-
J1566	Immune Globulin Powder	require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG])  Specialty Medication Administration Site of Care	-	-
J1568	Octagam Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG])  Specialty Medication Administration Site of Care	-	-
J1569	Gammagard Liquid Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Specialty Medication Administration Site of Care	=	-
J1572	Flebogamma Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	=
J1575	Hyqvia 100Mg Immuneglobulin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	-
J1599	Ivig Non-Lyophilized Nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG])	-	_
J1602	Golimumab For Iv Use 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	=	=
J1632	Inj. Brexanolone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.106	Brexanolone for Postpartum Depression	-	-
J1729	Inj Hydroxyprogst Capoat Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	_
J1743	Idursulfase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	_	_
J1745	Infliximab Not Biosimil 10Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	THE801.028 RX501.051	Acre Management Infliximab and Associated Biosimilars		
31743	IIIIIXIIIIAD NOL BIOSIIIIII TOWIG	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.091 RX501.096 RX501.099	Specialty Medication Administration Site of Care  Ibalizumab-uiyk	-	-
J1746	Inj. Ibalizumab-Uiyk 10 Mg	require Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J1786	Imuglucerase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J1823	Inj. Inebilizumab-Cdon 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.127	Inebilizumab-cdon	3/1/2021	_
J1931	Laronidase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	=	=
J1943	Inj. Aristada Initio 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	_
J1944	Aripirazole Lauroxil 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	_
J1951	Inj Fensolvi 0.25 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DVF04 044	Consideration Delegation Harmon (CoDH) Appoints and Automorate	2021-07-01	
J2182		for predetermination to avoid post-service review.	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists		
	Injection Mepolizumab 1Mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096	Contactor upin-nereasing normalize (crimin) againsts and artitudgatists  Mepolizumab  Specialty Medication Administration Site of Care	-	-
J2278	Injection Mepolizumab 1Mg Ziconotide Injection	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.080 RX501.096 RX501.060	Mepolizumab	-	-
J2278 J2323		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may regular Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	- -	- -
	Ziconotide Injection	for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096 RX501.060 RX501.059	Mepolizumab Specialty Medication Administration Site of Care Ziconotide Natalizumab	- - -	-
J2323	Ziconotide Injection  Natalizumab Injection	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096 RX501.060 RX501.059 RX501.096 RX501.086	Mepolizumab Specialty Medication Administration Site of Care Ziconotide Natalizumab Specialty Medication Administration Site of Care Nusinersen Ocrelizumab	-	- - -
J2323 J2326	Ziconotide Injection  Natalizumab Injection  Inj Nusinersen 0.1Mg	for predetermination to avoid post-service review.  MP Criteria Froedury festive reiewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedury-fevrice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure-festive reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure-festive reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure-festive reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure-festive reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.060 RX501.050 RX501.059 RX501.086 RX501.085 RX501.085 RX501.095	Mepolizumab Specialty Medication Administration Site of Care Ziconotide Natalizumab Specialty Medication Administration Site of Care Nusinersen Ocrelizumab Specialty Medication Administration Site of Care Omalizumab Ocrelizumab Specialty Medication Administration Site of Care	-	-
J2323 J2326 J2350	Ziconotide Injection  Natalizumab Injection  Inj Nusinersen 0.1Mg  Injection Occelizumab 1 Mg	for predetermination to avoid post-service review.  MP Citteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.080 RX501.096 RX501.060 RX501.099 RX501.096 RX501.085 RX501.085 RX501.096	Mepolizumab Specialty Medication Administration Site of Care  Ziconotide  Natalizumab Specialty Medication Administration Site of Care Nusinersen  Ocrelizumab Specialty Medication Administration Site of Care	-	-
J2323 J2326 J2350 J2357	Ziconotide Injection  Natalizumab Injection  Inj Nusinersen 0.1Mg  Injection Ocrelizumab 1 Mg  Omalizumab Injection	for predstemination to avoid post-service review.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedur/Jeservice review against Medical Policy Criteria, Submit for predetermination to avoid post-service review.	RX501.080 RX501.096 RX501.096 RX501.059 RX501.096 RX501.086 RX501.085 RX501.096 RX501.096 RX501.096	Mepolizumab Specialty Medication Administration Site of Care  Zizonotide Natalizumab Specialty Medication Administration Site of Care  Nusinersen Overlizumab Specialty Medication Administration Site of Care  Ministration Site of Care  Specialty Medication Administration Site of Care		-
J2323 J2326 J2350 J2357 J2440 J2502	Ziconotide Injection  Natalizumab Injection  Inj Nusinersen 0.1Mg  Injection Ocrelizumab 1 Mg  Omalizumab Injection  Papaverin Hcl Injection  Inj Pasireotide Long Acting	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid policy service reviewed against Medical Policy Criteria. Submit for predetermination to avoid policy service reviewed against Medical Policy Criteria. Submit for predetermination to avoid policy service reviewed against Medical Policy Criteria. Submit for predetermination to avoid policy service reviewed against Medical Policy Criteria.	RXS01.080 RXS01.096 RXS01.050 RXS01.059 RXS01.056 RXS01.086 RXS01.085 RXS01.085 RXS01.096 RXS01.096 RXS01.090 OTH003.027	Mepolizumab Specialty Medication Administration Site of Care Ziconotide Natalizumab Specialty Medication Administration Site of Care Nusinersen Ocrelizumab Specialty Medication Administration Site of Care Omalizumab Specialty Medication Administration Site of Care Special Spe		-
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12323 12326 12350 12357 12440 12502 12503 12507 12562 12778 12786 12787	Ziconotide Injection  Natalizumab Injection  Inj Nusinersen 0.1Mg  Injection Ocrelizumab 1 Mg  Omalizumab Injection  Papaverin Hcl Injection  Inj Pasirectide Long Acting  Pegaptanib Sodium Injection  Injection Pegloticase 1 Mg  Plerixafor Injection  Ranibizumab Injection  Injection Resilizumab 1Mg  Riboflavin 5 Phos Opth<3MI	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Where Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria. Submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria, submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria, submit for predetermination to avoid pols-tevice reviewed against Medical Policy Criteria, submit for predeterminati	RXS01.080 RXS01.096 RXS01.096 RXS01.096 RXS01.098 RXS01.098 RXS01.088 RXS01.088 RXS01.088 RXS01.089 RXS01.099 RXS01.090 RXS01.090 RXS01.079 OTH993.027 OTH993.020 OTH993.028	Mepolizumab Specialty Medication Administration Site of Care Ziconotide Natalizumab Specialty Medication Administration Site of Care Nusinersen Ocrolizumab Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care Omalizumab Specialty Medication Administration Site of Care Intravited Angiogenesis inhibitors for Retinal Vascular Disorders Intravited Angiogenesis Inhibitors for Choroidal Neovascularization (CNV) Pegioticase Specialty Medication Administration Site of Care Oncology Medication Intravited Angiogenesis Inhibitors for Choroidal Vascular Disorders Intravited Angiogenesis Inhibitors for Choroidal Vascular Disorders Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) Resizumab Specialty Medication Administration Site of Care Corneal Collagen Cross-Linking		

J3031	Inj. Fremanezumab-Vfrm 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	=
J3032	Inj. Eptinezumab-Jjmr 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	-	-
J3060	Inj Taliglucerace Alfa 10 U	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	=	-
J3111	Inj. Romosozumab-Aqqg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	_
J3121	Inj Testostero Enanthate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
J3145	Testosterone Undecanoate 1Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.076 SUR717.001	Testosterone Replacement Therapies Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
J3241		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.076 RX501.096	Testosterone Replacement Therapies Specialty Medication Administration Site of Care	-	-
-	Inj. Teprotumumab-Trbw 10 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.110 RX501.096	Teprotumumab Specialty Medication Administration Site of Care	=	-
J3245	Inj. Tildrakizumab 1 Mg	require Prior Authorization per contract agreement.	RX501.123	Tildrakizumab-asmn	-	-
J3262	Tocilizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	=	=
J3285	Treprostinil Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	-	-
J3301	Triamcinolone Acet Inj Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	5/4/2021
J3315	Triptorelin Pamoate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	12/31/2021
J3316	Inj. Triptorelin Xr 3.75 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	_	_
J3358	Ustekinumab Iv Inject 1 Mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.040 RX501.096	Human Growth Hormone (GH)  Specialty Medication Administration Site of Care		
J3380		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.114 RX501.096	Ustekinumab Specialty Medication Administration Site of Care		
	Injection Vedolizumab	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.117 RX501.067	Vedolizumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders	-	-
J3385	Velaglucerase Alfa	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.096	Specialty Medication Administration Site of Care	-	-
J3396	Verteporfin Injection	for predetermination to avoid post-service review.	OTH903.015 RX501.067	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	-
J3397	Inj. Vestronidase Alfa-Vjbk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J3398	Inj Luxturna 1 Billion Vec G	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	=	=
J3399	Inj Onase Abepar-Xioi Treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.104	Onasemnogene Abeparvovec-xioi	=	=
		require Filor Authorization per contract agreement.	MED206.001 RX501.063			
			SUR716.001			
			RX501.105 RX501.087			
			RX501.040 RX501.099			
			OTH903.027			
J3490	Drugs Unclassified Injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	_ ogs oncassined injection	contract/clinical review. May require PA per contract agreement.	RX501.080 SUR706.001		-	-
			RX501.086 RX501.085			
			RX501.104			
			RX502.030 MED206.006			
			RX501.110 MED201.014			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.049			
J3520	Edetate Disodium Per 150 Mg	for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	THE801.008	Chelation Therapy	-	-
J3570	Laetrile Amygdalin Vit B17	service review.	RX501.073	-	=	-
			RX501.063			
		Heliated, Consultant American Street, and finally defined an about find	RX501.087 RX501.099			
J3590	Unclassified Biologics	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.051 RX501.080	=	-	-
			RX501.085			
			RX501.104 RX501.110			
J3591	Esrd On Dialysi Drug/Bio Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.104 RX501.110	-	-	-
J3591 J7177	Esrd On Dialysi Drug/Bio Noc Inj. Fibryga 1 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.104 RX501.110	- Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	<u>-</u>	<u>-</u>
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.104 RX501.110		-	-
J7177	Inj. Fibryga 1 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX501.104 RX501.110 - RX501.072 RX501.072		- - -	-
J7177 J7178	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.104 RX501.110 - RX501.072 RX501.072		-	-
J7177 J7178 J7192 J7195	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.104 RX501.110 - RX501.072 -		-	-
J7177 J7178 J7192 J7195 J7199	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor Ix Recombinant Nos Hemophilia Clot Factor Noc	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.104 RX501.110	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	- - - -	-
J7177 J7178 J7192 J7195 J7199 J7309	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.104 RX501.110	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)  -  -  -  Dermatologic Applications of Photodynamic Therapy (PDT)	-	-
J7177 J7178 J7192 J7195 J7199 J7309 J7314	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.104 RX501.110 	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)  -  -  -  Dermatologic Applications of Photodynamic Therapy (PDT)  Intravitreal, Punctum, and Intracameral Implants	- - - - -	
J7177 J7178 J7192 J7195 J7199 J7309	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.104 RX501.110	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)  -  -  -  Dermatologic Applications of Photodynamic Therapy (PDT)	- - - - -	
J7177 J7178 J7192 J7195 J7199 J7309 J7314	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.104 RX501.110 	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)  -  -  -  Dermatologic Applications of Photodynamic Therapy (PDT)  Intravitreal, Punctum, and Intracameral Implants	- - - - - -	-
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17177 17178 17192 17195 17199 17309 17314 17316	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor k Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100MI	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.104 RX501.110  - RX501.072 RX501.072 THE801.027 OTH903.024 OTH903.025 RX504.015	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)  Dermatologic Applications of Photodynamic Therapy (PDT) Intravitreal, Punctum, and Intracameral Implants Ocriplasmin for Symptomatic Vitreomacular Adhesion Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.		- - - - - - - - - - - - - - - - - - -
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J7177 J7178 J7178 J7192 J7192 J7199 J7309 J7314 J7316 J7340 J7351 J7401 J7402 J7599 J7604 J7609 J7615 J7622 J7624 J7622 J7628 J7629	Inj. Fibryga 1 Mg  Inj Human Fibrinogen Con Nos  Factor Viii Recombinant Nos  Factor I Recombinant Nos  Factor I Recombinant Nos  Hemophilla Clot Factor Noc  Methyl Aminolevulinate Top  Inj. Yutiq 0.01 Mg  Inj Ocriplasmin 0.125 Mg  Carbidopa Levodopa Ent 100Ml  Inj Bimatoprost Itc Imp1Mcg  Mometasone Furoate Sinus Imp  Mometasone Furoate Sinus Sinuva  Immunosuppressive Drug Noc  Acetylcysteine Comp Unit  Levalbuterol Comp Con  Albuterol Comp Unit  Beclomethasone Comp Unit  Beclomethasone Comp Unit  Bedamethasone Comp Unit  Budesonide Comp Unit  Bitolterol Mesylate Comp Con  Bitolterol Mesylate Comp Con	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service nerviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or dassified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service netwiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service not reimbursed by the Plan. Not subject to pre-service review. Check Ellu policy CPCPD.  Ellu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ellu policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  Ellu: Procedure/service not reimbursed by	RX501.04 RX501.072 RX501.072 RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	
	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor Ivii Recombinant Nos Factor Ivii Recombinant Nos Hemophilia Clot Factor Noc Methyl Aninolevulinate Top Inj. Yutiq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100MI Inj Bimatoprost Itc Imp1Mcg Mometasone Furoate Sinus Imp Mometasone Furoate Sinus Imp Mometasone Sinus Sinuva Immunosuppressive Drug Noc Acetylcysteine Comp Unit Levalbuterol Comp Con Albuterol Comp Con Levalbuterol Comp Unit Beclomethasone Comp Unit Betamethasone Comp Unit Budesonide Comp Unit Biudesonide Comp Unit	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service nerviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or dassified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or dassified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or dassified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Pa	RX501.04 RX501.072 RX501.072 RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	
J7177 J7178 J7178 J7192 J7192 J7199 J7309 J7314 J7316 J7340 J7351 J7401 J7402 J7599 J7604 J7609 J7615 J7622 J7624 J7622 J7628 J7629	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor Ivii Recombinant Nos Factor Ivii Recombinant Nos Hemophilia Clof Factor Noc Methyl Aninolevulinate Top Inj. Yuliq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100MI Inj Bimatoprost Itc Imp1Mcg Mometasone Furoate Sinus Imp Mometasone Furoate Sinus Imp Mometasone Sinus Sinuva Immunosuppressive Drug Noc Acetylcysteine Comp Unit Levalbuterol Comp Con Albuterol Comp Con Levalbuterol Comp Unit Beclomethasone Comp Unit Betamethasone Comp Unit Budesonide Comp Unit Bitolterol Mesylate Comp Con Bitolterol Mesylate Comp Con Bitolterol Mesylate Comp Unit Cromolyn Sodium Comp Unit	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Unlisted: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by th	RX501.04 RX501.104 RX501.1072 RX501.072 RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	
	Inj. Fibryga 1 Mg  Inj Human Fibrinogen Con Nos  Factor Viii Recombinant Nos  Factor I Recombinant Nos  Factor I Recombinant Nos  Hemophilla Clot Factor Noc  Methyl Aminolevulinate Top  Inj. Yutiq 0.01 Mg  Inj Ocriplasmin 0.125 Mg  Carbidopa Levodopa Ent 100Ml  Inj Bimatoprost Itc Imp1Mcg  Mometasone Furoate Sinus Imp  Mometasone Furoate Sinus Sinuva  Immunosuppressive Drug Noc  Acetylcysteine Comp Unit  Levalbuterol Comp Con  Albuterol Comp Unit  Beclomethasone Comp Unit  Beclomethasone Comp Unit  Bedamethasone Comp Unit  Budesonide Comp Unit  Bitolterol Mesylate Comp Con  Bitolterol Mesylate Comp Con	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service neviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCPOB, 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 Ell policy CPCPOB, which is o	RX501.04 RX501.104 RX501.1072 RX501.072 RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	
	Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor Ivii Recombinant Nos Factor Ivii Recombinant Nos Hemophilia Clof Factor Noc Methyl Aninolevulinate Top Inj. Yuliq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100MI Inj Bimatoprost Itc Imp1Mcg Mometasone Furoate Sinus Imp Mometasone Furoate Sinus Imp Mometasone Sinus Sinuva Immunosuppressive Drug Noc Acetylcysteine Comp Unit Levalbuterol Comp Con Albuterol Comp Con Levalbuterol Comp Unit Beclomethasone Comp Unit Betamethasone Comp Unit Budesonide Comp Unit Bitolterol Mesylate Comp Con Bitolterol Mesylate Comp Con Bitolterol Mesylate Comp Unit Cromolyn Sodium Comp Unit	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service nerviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or dassified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service not reimbursed by the Plan. Not subject to pre-service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPPOB, which is one of our Clinical Payment and Coding Policy (CPCP). Ellu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ellu pol	RX501.04 RX501.072 RX501.072 RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	-	

J7636	Atropine Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7637	Dexamethasone Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063	Compounded Drug Products	=	=
J7638	Dexamethasone Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7640	Formoterol Comp Unit	Full: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
17040	Torrioteror comp onit	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	10001.003	Compounded of og 1 reduces	-	-
J7641	Flunisolide Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7642	Glycopyrrolate Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7643	Glycopyrrolate Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	=	=
J7645	Ipratropium Bromide Comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
17547		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7647	Isoetharine Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7650	Isoetharine Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
J7657	Isoproterenol Comp Con	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PVE01 062	Compounded Drug Products		
	isoprotereno comp con	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	1001.003	compounded or og Froducts	-	-
J7660	Isoproterenol Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	=	=
J7667	Metaproterenol Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7670	Metaproterenol Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	=
J7676	Pentamidine Comp Unit Dose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	_
17600	T. A. I. B T. W.	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DVC04 0C0			
J7680	Terbutaline Sulf Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7681	Terbutaline Sulf Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
J7683	Triamcinolone Comp Con	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RY501 063	Compounded Drug Products		
27003	manicinoione comp con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	NAJU1:003	Compounded DI Ug F100UCLS	=	-
J7684	Triamcinolone Comp Unit	EID: Procedure/service not reimbursed by the Man. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7685	Tobramycin Comp Unit	Folicy (CCCP): EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
17500		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to			=	-
J7699	Inhalation Solution For Dme	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	=	-	-	-
J7799 J7999	Non-Inhalation Drug For Dme  Compounded Drug Noc	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	-	=	=
J8498	Antiemetic Rectal/Supp Nos	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	-	=	=
J8499	Oral Prescrip Drug Non Chemo	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	-	_	_
J8597	Antiemetic Drug Oral Nos	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	<del>-</del>		-
J8999	Oral Prescription Drug Chemo	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	<del>-</del>	-	=	=
J9020	Asparaginase Nos	contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_		
J9022	Inj Atezolizumab 10 Mg	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A	_	10/10/2021
J9023	Injection Avelumab 10 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	_	10/10/2021
J9032	Injection Belinostat 10Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications		12/31/2021
J9035					-	
J9037	Bevacizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	-	12/31/2021
J9037 J9039	Bevacizumab Injection  Injection, Belantamab Mafodontin-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	12/31/2021
	Injection, Belantamab Mafodontin- Blmg, 0.5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	OTH903.020 OTH903.015 #N/A	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (POT) for Choroidal Neovascularization (CNV)  #N/A	– Moved to PA list	12/31/2021
J9043	Injection, Belantamab Mafodontin- Blmg, 0.5Mg Injection Blinatumomab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015 #N/A	Intraviteal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A	- Moved to PA list	-
	Injection, Belantamab Mafodontin- Bling, 0.5Mg Injection Blinatumomab Injection Cabazitaxel 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unitside: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unitside: Procedure/service criteria Unitside Procedure/service reviewed.	OTH903.020 OTH903.015 #N/A	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (POT) for Choroidal Neovascularization (CNV)  #N/A	- Moved to PA list	12/31/2021 - - 10/10/2021
J9043	Injection, Belantamab Mafodontin- Blmg, 0.5Mg Injection Blinatumomab  Injection Cabazitaxel 1 Mg Inj Bortezomib Nos 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unistack Procedure/service reviewed against Medical Policy Criteria, may contract contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	OTH903.020 OTH903.015 IIIV/A IIV/A	Intravited Angiogenesis inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  -	Moved to PA list	- - 10/10/2021
J9043 J9044	Injection, Belantamab Mafodontin- Bling, 0.5Mg Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezomib Nos 0.1 Mg Injection Carfilzomib 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015 #N/A	Intraviteal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A	- Moved to PA list	- -
J9043 J9044 J9047	Injection, Belantamab Mafodontin- Blmg, 0.5Mg Injection Blinatumomab  Injection Cabazitaxel 1 Mg Inj Bortezomib Nos 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, broad MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit MP Criteria Procedure/service reviewed against Medical Policy Criteria.	OTH-903.020 OTH-903.015 #M/A #M/A #M/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A	Moved to PA list	- - 10/10/2021
J9043 J9044 J9047 J9057	Injection, Belantamab Mafodontin- Blimg, 0.5Mg Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezonib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, support of the Criteria procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH-903.020 OTH-903.015 #M/A #M/A #M/A #M/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A	-	- - 10/10/2021
J9043 J9044 J9047 J9057 J9118	Injection, Belantamab Mafodontin- Blimg, 0.5Mg Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezonib Nos 0.1 Mg Injection Carfilzomib 1 Mg Inj. Copanlisib 1 Mg Inj. Capangas Pegol-Minl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicificilly defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH993.02D OTH993.015 #M/A #M/A #M/A #M/A #M/A #M/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A	Retired 2019	- - 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezonib Nos 0.1 Mg Injection Carlizonib 1 Mg Inj. Copaniish 1 Mg Inj. Capaniish 1 Mg Inj. Capaniish 1 Mg Inj. Calaspargase Pegol-Mknl Inj. Cemiplimab-Rwic 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicificilly defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.020 OTH903.015 BN/A BN/A BN/A BN/A BN/A BN/A BN/A BN/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A		- 10/10/2021 - 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezoniib Nos 0.1 Mg Injection Carlilzoniib 1 Mg Inj. Copaniisib 1 Mg Inj. Copaniisib 1 Mg Inj. Calaspargase Pegol-Minl Inj. Cemiplimab-Rwic 1 Mg Daratumumab Hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, navy require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.02D OTH903.015  BN/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A		- 10/10/2021 - 10/10/2021 10/10/2021 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Inj Bortezonib Nos 0.1 Mg Injection Carlizonib 1 Mg Inj. Copaniish 1 Mg Inj. Capaspargase Pegol-Minl Inj. Calaspargase Pegol-Minl Inj. Cemiplimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicificilly defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.02D OTH903.015  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A	- Retired 2019 Moved to PA list Moved to PA list	- 10/10/2021 - 10/10/2021 10/10/2021 10/10/2021 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomab 1 Mg Inj. Copaniish 1 Mg Inj. Copaniish 1 Mg Inj. Capaspargase Pegol-Minl Inj. Cemiplimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicility defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization pe	OTH903.02D OTH903.015 #W/A #W/A #W/A #W/A #W/A #W/A #W/A #W/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  Chocology Medications	- Retired 2019 Moved to PA list Moved to PA list - Moved to PA list	- 10/10/2021 - 10/10/2021 10/10/2021 10/10/2021 10/10/2021 110/10/2021 12/31/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomab 1 Mg Injection Carlizomab 1 Mg Inj. Copanisish 1 Mg Inj. Capaspargase Pegol-Mknl Inj. Campilimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicility defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization	OTH903.02D OTH903.015 #N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  Oncology Medications  Oncology Medications	- Retired 2019 Moved to PA list Moved to PA list - Moved to PA list	- 10/10/2021 - 10/10/2021 10/10/2021 10/10/2021 10/10/2021 112/31/2021 12/31/2021 12/31/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155	Injection. Belantamab Mafodontin- Bling, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomab 1 Mg Injection Carlizomab 1 Mg Inj. Copanisish 1 Mg Inj. Capanisish 1 Mg Inj. Capanisish 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015 #W/A #W/A #W/A #W/A #W/A #W/A #W/A #W/A	Intravired Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  Oncology Medications  Oncology Medications	- Retired 2019 Moved to PA list Moved to PA list - Moved to PA list	- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 112/31/2021 112/31/2021 112/31/2021 110/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155 J9173 J9176	Injection, Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomib 1 Mg Injection Carlizomib 1 Mg Inj. Copanilish 1 Mg Inj. Capanilish 1 Mg Inj. Camplimab-Rwic 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg Injection Elotuzumab 1 Mg Injection Elotuzumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicially defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorizati	OTH903.020 OTH903.015 #W/A #W/A #W/A #W/A #W/A #W/A #W/A #W/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  Oncology Medications  Oncology Medications  #N/A  #N/A	Retired 2019 Moved to PA list  Moved to PA list	- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 12/31/2021 12/31/2021 12/31/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155 J9173 J9176	Injection. Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carazitaxel 1 Mg Injection Carazitaxel 1 Mg Inj. Capanisish 1 Mg Inj. Capanisish 1 Mg Inj. Capanisish 1 Mg Inj. Capanisish 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg Injection Elotazumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  Unlisted: Procedure/service not septicility defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorizati	OTH903.020 OTH903.015  #N/A  #N/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A  Oncology Medications  Oncology Medications  #N/A  #N/A  #N/A  #N/A  #N/A  #N/A	Retired 2019 Moved to PA list  Moved to PA list	- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 12/31/2021 12/31/2021 12/31/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9155 J9173 J9176 J9177 J9203	Injection. Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomib 1 Mg Injection Carlizomib 1 Mg Inj. Copanilish 1 Mg Inj. Capanilish 1 Mg Inj. Capanilish 1 Mg Inj. Capanilish 1 Mg Inj. Capanilish 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Dunyalumab 10 Mg Injection Biotaxumab 1 Mg Injection Elotaxumab 1 Mg Gemtuzumab Ozogamicin 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MI Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per	OTH903.020 OTH903.015  #N/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions	Retired 2019 Moved to PA list  Moved to PA list  Moved to PA list	- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 12/31/2021 12/31/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 - 10/10/
J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9153 J9176 J9177 J9203 J9204	Injection. Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomib 1 Mg Injection Carlizomib 1 Mg Inj. Copaniish 1 Mg Inj. Capaniish 1 Mg Inj. Capaniish 1 Mg Inj. Capaniish 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Danonorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg Injection Elotazumab 1 Mg Injection Elotazumab 1 Mg Injection Elotazumab 1 Mg Injection Elotazumab 1 Mg Gemturumab Ozogamicin 0.1 Mg Inj Mogamulizumab-Kykc 1 Mg Gemturumab Ozogamicin 0.1 Mg Inj Mogamulizumab-Kykc 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MI Criteria: Procedure/service not septicifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Autho	OTH903.020 OTH903.015  ##\/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions	Retired 2019 Moved to PA list  Moved to PA list  Moved to PA list	- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 12/31/2021 12/31/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021
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J9043 J9044 J9047 J9057 J9118 J9119 J9144 J9145 J9153 J9153 J9176 J9177 J9203 J9204 J9205 J9210	Injection. Belantamab Mafodontin- Blimg, 0.5Mg. Injection Blinatumomab Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Cabazitaxel 1 Mg Injection Carlizomib 1 Mg Inj. Capanisish 1 Mg Daratumumab Hyaluronidase Injection Daratumumab 10 Mg Inj Daunorubicin Cytarabine Degarelix Injection Inj. Durvalumab 10 Mg Injection Elotazumab 1 Mg Inj. Enrofat Vedo-Ejfv 0.25Mg Gemtuzumab Ozogamicin 0.1 Mg Inj Mogamulizumab-Kysc 1 Mg Inj Irinotecan Uposome 1 Mg Inj Irinotecan Uposome 1 Mg Inj. Emapalumab-Lasg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MI Criteria: Procedure/service not septicifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authori	OTHOGO 2020 OTHOGO 2015 ##V/A	Intravited Angiogenesis Inhibitors for Choroidal Vascular Conditions		- 10/10/2021 - 10/10/2021 - 10/10/2021 - 10/10/2021 10/10/2021 12/31/2021 12/31/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 - 10/10/2021 10/10/2021 10/10/2021 10/10/2021 10/10/2021 - 1
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		MD Criteria: Procedure/considerational against Medical Belieu Criteria Submit				
J9269	Inj. Tagraxofusp-Erzs 10 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
J9271	Inj Pembrolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	=	10/10/2021
J9281	Mitomycin Instillation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
J9285	Inj Olaratumab 10 Mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	5/15/2021	_
J9295	Injection Necitumumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX502.061	Oncology Medications	_	12/31/2021
J9299	Injection Nivolumab	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A		10/10/2021
J9301		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A			
	Obinutuzumab Inj	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may		#N/A	_	10/10/2021
J9306	Injection Pertuzumab 1 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A	-	10/10/2021
J9308	Injection Ramucirumab	require Prior Authorization per contract agreement.	#N/A	#N/A	-	10/10/2021
J9309	Inj Polatuzumab Vedotin 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	-
J9311	Inj Rituximab Hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	12/31/2021
J9312	Inj. Rituximab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	=	12/31/2021
J9313	Inj. Lumoxiti 0.01 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	
10245	Injection, Pertuzumab,	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	#N/A	meta.	**	40/40/2024
J9316	Trastuzumab, And Hyaluronidase- Zzxf, Per 10 Mg	for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
J9317	Sacituzumab Govitecan-Hziy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
J9325	Inj Talimogene Laherparepvec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	_	12/31/2021
J9349	Injection, Tafasitamab-Cxix, 2Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	#N/A	#N/A	Moved to PA list	_
J9352	Injection Trabectedin 0.1Mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A		
J9354	Inj Ado-Trastuzumab Emt 1Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A		10/10/2021
		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	•		-	
J9358	Inj Fam-Trastu Deru-Nxki 1Mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	#N/A	#N/A	Moved to PA list	10/10/2021
19600	Porfimer Sodium Injection	for predetermination to avoid post-service review.	THE801.029 MED203.002	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	-	_
10000		Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX501.063			
19999	Chemotherapy Drug	contract/clinical review. May require PA per contract agreement.	RX501.087 RX501.085	-	=	-
V0005	THE PARTY OF THE P	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.057	West Control of the C		
K0005	Ultralightweight Wheelchair	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0010	Stnd Wt Frame Power Whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0011	Stnd Wt Pwr Whichr W Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	-
K0012	Ltwt Portbl Power Whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
К0013	Custom Power Whichr Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0014	Other Power Whichr Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	_
коо53	Elevate Footrest Articulate	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
K0065	Spoke Protectors	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
KOOOS	Spoke Protectors	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Criteria.	DIVICIOI.010	Wifeetchairs and Accessories	_	_
K0108	W/C Component-Accessory Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	DME101.010	Wheelchairs and Accessories	=	=
K0455	Pump Uninterrupted Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	_	_
ковоо	Pov Group 1 Std Up To 300Lbs	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
K0801		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	-	
	Pov Group 1 Hd 301-450 Lbs	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			_	-
K0802	Pov Group 1 Vhd 451-600 Lbs	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	-	_
ково6	Pov Group 2 Std Up To 300Lbs	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0807	Pov Group 2 Hd 301-450 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
ковов	Pov Group 2 Vhd 451-600 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0812	Power Operated Vehicle Noc	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	DMF101.010	Wheelchairs and Arressories		
		contract/clinical review.				-
K0813	Pwc Gp 1 Std Port Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0814	Pwc Gp 1 Std Port Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0815	Pwc Gp 1 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0816	Pwc Gp 1 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	_
K0820	Pwc Gp 2 Std Port Seat/Back	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	
K0821	Pwc Gp 2 Std Port Cap Chair	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		•
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	_
K0822	Pwc Gp 2 Std Seat/Back	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	_
K0823	Pwc Gp 2 Std Cap Chair	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0824	Pwc Gp 2 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0825	Pwc Gp 2 Hd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0826	Pwc Gp 2 Vhd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0827	Pwc Gp Vhd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	
K0828	Pwc Gp 2 Xtra Hd Seat/Back	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
K0829		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
	Pwc Gp 2 Xtra Hd Cap Chair	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	-	-
K0830	Pwc Gp2 Std Seat Elevate S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
K0831	Pwc Gp2 Std Seat Elevate Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	
K0835	Pwc Gp2 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories		
K0836	Pwc Gp2 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	
K0839		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories  Wheelchairs and Accessories	-	_
	Pwc Gp2 Vhd Sing Pow Opt S/B	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	
K0841	Pwc Gp2 Std Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0842	Pwc Gp2 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	
K0848	Pwc Gp 3 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0849	Pwc Gp 3 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_

K0850						
10000	Pwc Gp 3 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
K0851	Pwc Gp 3 Hd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	-
K0852	Pwc Gp 3 Vhd Seat/Back	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	_
К0853	Pwc Gp 3 Vhd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0854	Pwc Gp 3 Xhd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
K0855	David Can Obalia	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DMF101.010	Wheelchairs and Accessories		
	Pwc Gp 3 Xhd Cap Chair	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DWE101:010	wheelchairs and Accessories	=	=
K0856	Pwc Gp3 Std Sing Pow Opt S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0857	Pwc Gp3 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	=
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	
К0859	Pwc Gp3 Hd Sing Pow Opt Cap	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	=
ко860	Pwc Gp3 Vhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
K0861	Pwc Gp3 Std Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	-
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	=
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
waasa		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010			
к0868	Pwc Gp 4 Std Seat/Back	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0869	Pwc Gp 4 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
K0870	Pwc Gp 4 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	_
K0871	Pwc Gp 4 Vhd Seat/Back	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
	PWC GP 4 VIIU Seat/Back	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DWE101:010	Milegicians and Accessories	-	
K0877	Pwc Gp4 Std Sing Pow Opt S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	-
к0878	Pwc Gp4 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	_
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			=	=
К0880	Pwc Gp4 Vhd Sing Pow Opt S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0884	Pwc Gp4 Std Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	=	=
K0885	Pwc Gp4 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories	_	_
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	-
К0886	Pwc Gp4 Hd Mult Pow S/B	for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	
к0890	Pwc Gp5 Ped Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories		
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME101.010	Wheelchairs and Accessories		
K0898	Power Wheelchair Noc	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to				_
KU898	Power wheelchair Noc	contract/clinical review.	-	-	-	-
K0899	Pow Mobil Dev No Dmepdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K1002	Ces System W/Supplies Access	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702 010	Cranial Electrotherapy Stimulation and Auricular Electrostimulation		
KIOOZ	ces system w/supplies Access	Policy (CPCP).	30R702.019	Cramar Electrotherapy Summation and Auricular Electrostimulation	=	-
K1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_	_	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1004	Lo Freq Us Diathermy Device	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	THE803.008	Non-Covered Physical Therapy Services	=	=
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1007	Bil Hkaf Pc S/D Micro Sensor	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME103.008	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	3/1/2021	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
К1009	Speech Volume Modulation Sys	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE803.014	Speech-Language Therapy (SLT)	3/1/2021	-
		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				-
K1009	Speech Volume Modulation Sys  Ext Up Limb Tremor Stim Wris	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Speech-Language Therapy (SLT)  Experimental, Investigational and/or Unproven Procedures/Services	3/1/2021	-
K1018	Ext Up Limb Tremor Stim Wris	review. Check EU policy CFCPB, which is one of our Clinical Payment and Coding Policy (CFCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CFCPB, which is one of our Clinical Payment and Coding Policy (CFCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	-
		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032			-
K1018	Ext Up Limb Tremor Stim Wris	review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	-
K1018 K1019 K1020	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim	review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032 ADM1001.032 SUR712.021	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)	2021-08-15 2021-08-15 2021-07-01	
K1018	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018	review. Check Ell policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	- - - 12/31/2021
K1018 K1019 K1020	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim	review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 ADM1001.032 SUR712.021 MED201.040	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)	2021-08-15 2021-08-15 2021-07-01	- - - 11/31/2021
K1018  K1019  K1020  K1023	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv	review. Check EU policy CPCPB. which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service nor reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCPUB, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032 ADM1001.032 SUR712.021 MED201.040	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	2021-08-15 2021-08-15 2021-07-01 10/1/2021	- - - 12/31/2021
K1018  K1019  K1020  K1023	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv	review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU! Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPBB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032 ADM1001.032 SUR712.021 MED201.040	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	2021-08-15 2021-08-15 2021-07-01 10/1/2021	- - - 12/31/2021 - 12/31/2021
K1018  K1019  K1020  K1023  K1023	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal	review. Check EU policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPD.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Policy Criteria.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022	-
K1018  K1019  K1020  K1023  K1023  K1024	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv	review. Check Ell policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: policy CPCP0.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022	-
K1018  K1019  K1020  K1023  K1023  K1024	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal	review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviews against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviews day the Plan. Not subject to pre-service review. Check EU policy CPCPB, 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 EU policy CPCPB, 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 EU policy CPCPB, which is one of our Clinical Payment and Coding Policy CPCPB.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service where EU policy CPCPB, which is one of our Clinical Payment and Coding Policy CPCPB.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022	-
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1024	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm	review. Check EU policy CPCPB, 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 EU policy CPCPB, 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 EU policy CPCPD8, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elu policy CPCPB, which is one of our Clinical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check Elu policy CPCPB.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Elu policy CPCPB.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 10/1/2021	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022 10/1/2021	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1024	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Procedure/service reviewed against Medical Policy Criteria. Submit for Procedure/service	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 10/1/2021	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  MED204.005	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022 10/1/2021 1/1/2022 10/1/2021 10/1/2021	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm	review. Check EU policy CPCPB.  Policy (CPCP)  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPDB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPDB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPDB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022 10/1/2021 1/1/2022	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech	review. Check EU policy CPCPB.  Policy (CPCP)  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP)  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Procedure/service reviews against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service Foreiww. Check EU policy CPCPB, which is one of our Clinical Policy Criteria. Submit for pr	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  ADM1001.032  MED204.005  MED204.005  MED204.005	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders	2021-08-15 2021-08-15 2021-07-01 10/1/2021 1/1/2022 10/1/2021 1/1/2022 10/1/2021 10/1/2021	- 12/31/2021 -
K1018  K1019  K1020  K1023  K1023  K1024  K1024  K1025  K1025  K1027  K1030	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement	review. Check EU policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service Preview. Check EU policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  Fill: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  ADM1001.032  MED204.005  MED204.005  MED204.005	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders  Cardiac Contractility Modulation (CCM) Device	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01	- 12/31/2021 -
K1018  K1019  K1020  K1023  K1023  K1024  K1024  K1025  K1025  K1027  K1030	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avaid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to p	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  MED204.005  MED204.005  MED202.068  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders  Cardiac Contractility Modulation (CCM) Device	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01	- 12/31/2021 -
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K1018  K1019  K1020  K1023  K1023  K1024  K1024  K1025  K1025  K1027  K1030  K1031  K1031	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneu Comp Control W/O Ca  Non Pneum Seq Comp Full Leg	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service Preview. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032  ADM1001.032  ADM1001.032  ADM1001.032  MED204.005  MED204.005  MED204.005  MED204.005  ADM1001.032  ADM1001.032  ADM1001.032  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders  Cardiac Contractility Modulation (CCM) Device  Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
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K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027 K1030 K1031 K1032 K1032 K1032 K1032 K1033 L10999 L1499 L1834	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneum Seq Comp Full Leg  Non Pneum Seq Comp Full Leg  Add To Spinal Orthosis Nos  Spinal Orthosis Nos  Spinal Orthosis Nos  Ko W/O Joint Rigid Molded To	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service preview. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders  Cardiac Contractility Modulation (CCM) Device  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
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K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027 K1030 K1031 K1032 K1032 K1032 K1033 L10999 L1499 L1834 L1840	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneum Seq Comp Full Leg  Non Pneum Seq Comp Full Leg  Add To Spinal Orthosis Nos  Spinal Orthosis Nos  Ko W/O Joint Rigid Molded To  Ko Derot Ant Crudate Custom	review. Check EU policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. All predetermination to avoid post-service review. Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Proced	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services  Diagnosis and Medical Management of Sleep Related Breathing Disorders  Cardiac Contractility Modulation (CCM) Device  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027 K1030 K1031 K1032 K1032 L10999 L1499 L1834 L1844 L1844 L1844	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneum Seq Comp Full Leg  Non Pneum Seq Comp Full Leg  Add To Spinal Orthosis Nos  Spinal Orthosis Nos  Spinal Orthosis Nos  Ko W/O Joint Rigid Molded To  Ko Derot Ant Crudate Custom  Ko W/Adj R Rot Cntrl Molded  Ko W Adj Flev/Ext Rotat Mold	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCP08. Which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCP08. Which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCP08. Which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EU policy CPCP08. Which is one of our	ADM1001.032  ADM1001.032  SUR712.021  MED201.040  MED201.040  ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
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K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027 K1030 K1031 K1032 K1032 L10999 L1499 L1834 L1844 L1844 L1844	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneum Seq Comp Full Leg  Non Pneum Seq Comp Full Leg  Add To Spinal Orthosis Nos  Spinal Orthosis Nos  Spinal Orthosis Nos  Ko W/O Joint Rigid Molded To  Ko Derot Ant Crudate Custom  Ko W/Adj R Rot Cntrl Molded  Ko W Adj Flev/Ext Rotat Mold	review. Check EU policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. All predetermination to avoid post-service review. Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Blu: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Proced	ADM1001.032 ADM1001.032 SUR712.021 MED201.040 MED201.040 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
K1018 K1019 K1020 K1023 K1023 K1024 K1024 K1025 K1025 K1027 K1030 K1031 K1032 K1032 L10999 L1499 L1834 L1840 L1844 L1846 L2006	Ext Up Limb Tremor Stim Wris  Monthly Supp Use With K1018  Non-Invasive Vagus Nerv Stim  Trans elec nerv periph nerv  Trans elec nerv periph nerv  Non pneum comp control cal  Non pneum comp control cal  Non pneum comp control cal  Non pneum compress full arm  Oral dev without fix mech  Ext Recharge Bat Replacement  Non Pneum Seq Comp Full Leg  Non Pneum Seq Comp Full Leg  Add To Spinal Orthosis Nos  Spinal Orthosis Nos  Spinal Orthosis Nos  Ko W/O Joint Rigid Molded To  Ko Derot Ant Cruciate Custom  Ko W/Adj Jr Rot Cntrl Molded  Ko W Adj Flev/Ext Rotat Mold  Kaf Sng/Dbl Swg/Stn Mcpr Cus	review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review. Annex EU policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-determination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pr	ADM1001.032 ADM1001.032 SUR712.021 MED201.040 MED201.040 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services  Experimental, Investigational and/or Unproven Procedures/Services  Vagus Nerve Stimulation (VNS)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)  Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15 2021-07-01 10/1/2021 11/1/2022 10/1/2021 11/1/2022 10/1/2021 11/1/2022 2022-04-01 2022-04-01	- 12/31/2021 -
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L5981	Flex-Walk Sys Low Ext Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics		
L5999	Lowr Extremity Prosthes Nos	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	DITE DATE OF THE PARTY OF THE P	to the time i rouncie, including merego econo controller i rouncied	<del>-</del>	-
L6026	Part Hand Myo Exclu Term Dev	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	=	=
L6611	Additional Switch Ext Power	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-timb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	_
L6621	Flex/Ext Wrist W/Wo Friction	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		_
	Electric Hand Switch Or Myolelectric Controlled	for predetermination to avoid post-service review.		Prosthesis		
L6880	Independently Articulating Digits	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6882	Microprocessor Control Uplmb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6920	Wrist Disarticul Switch Ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	=	=
L6925	Wrist Disart Myoelectronic C	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6930	Below Elbow Switch Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6935	Below Elbow Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6940	Elbow Disarticulation Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6945	Elbow Disart Myoelectronic C	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6950	Above Elbow Switch Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/crysics reviewed against Medical Policy Criteria. Submit.	DME104.001	Upper-Limb Prosthesis, Including Mycelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis  Including Mycelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis.	=	=
L6955	Above Elbow Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	=	-
L6960	Shldr Disartic Switch Contro	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis  Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
L6965	Shldr Disartic Myoelectronic	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis  Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	_
L6970	Interscapular-Thor Switch Ct	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
L6975	Interscap-Thor Myoelectronic  Adult Electric Hand	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
L7007	Adult Electric Hand  Pediatric Electric Hand	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	=	-
L7008	Pediatric Electric Hand  Adult Electric Hook	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	=	-
L7009	Prehensile Actuator	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis  Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	=
L7045	Pediatric Electric Hook	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		-
L7170	Electronic Elbow Hosmer Swit	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	_
L7180	Electronic Elbow Sequential	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		
L7181	Electronic Elbo Simultaneous	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-timb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	_	
L7185	Electron Elbow Adolescent Sw	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb		_
L7186	Electron Elbow Child Switch	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	DME104.001	Prosthesis Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7190	Elbow Adolescent Myoelectron	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Prostness Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7191	Elbow Child Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7259	Electronic Wrist Rotator Any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	=	-
L7364	Twelve Volt Battery Utah/Equ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7366	Battery Chrgr 12 Volt Utah/E	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	_
L7499	Upper Extremity Prosthes Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L8039	Breast Prosthesis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	=	=	-
L8048	Unspec Maxillofacial Prosth	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	=	-	-	-
L8499	Unlisted Misc Prosthetic Ser	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- SUR710.008	- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
L8604	Dextranomer/Hyaluronic Acid	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.008 SUR710.022	Periureteral Bulking Agents as a Treatment of Ormary and Petal incontinence  Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	=	-
L8605	Inj Bulking Agent Anal Canal	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
L8606	Synthetic Implnt Urinary 1MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR710.008 SUR710.022	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	_	_
L8608	Arg Ii Ext Com/Sup/Acc Misc	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Retinal Prosthesis		
10542		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Aqueous Shunts and Stents for Giaucoma		-
L8612 L8614	Aqueous Shunt Prosthesis	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR713.034	***************************************	=	=
L8614 L8615	Cochlear Device  Coch Implant Headset Replace	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.004 SUR714.004	Cochlear Implant  Cochlear Implant	=	-
L8616	Coch Implant Microphone Repl	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.004	Cochiear Implant  Cochiear Implant	=	=
L8617	Coch Implant Trans Coil Repl	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.004	Cochlear Implant	_	-
L8618	Coch Implant Tran Cable Repl	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.004	Cochlear Implant	_	
L8619	Coch Imp Ext Proc/Contr Rplc	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR714.004	Cochlear Implant	_	_
L8621	Repl Zinc Air Battery	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement	SUR714.004	Cochlear Implant	=	_
L8622	Repl Alkaline Battery	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	=
L8623	Lith Ion Batt Cid Non-Earlyl	MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8624	Lith Ion Batt Cid Ear Level	MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8628	Cid Ext Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	=	-
L8629	Cid Transmit Coil And Cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8690	Aud Osseo Dev Int/Ext Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
L8691	Aoi Snd Proc Repl Excl Actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	=	-
L8693	Aud Osseo Dev Abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	=	=
L8694	Aoi Transducer/Actuator Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
L8699	Prosthetic Implant Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MR Citation Procedure (continued against Medical Policy Critaria, Submit.	=	Lipoce Limb Breethoric Including Munolockie and Otholic Comments and Oth	-	-
L8701	Ewh S/D Uprt Micro Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis  Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Long-Limb Prosthesis Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb	-	-
L8702	Ewhf S/D Uprt Micro Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	=	-
M0075	Cellular Therapy	won covered. Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	=	-	-	-
P2031	Hair Analysis	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	PSY301.014	Autism Spectrum Disorders (ASD)		-
P9020	Plaelet Rich Plasma Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.101 RX501.034	Orthopedic Applications of Platelet-Rich Plasma Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	=

		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
P9099	Blood Component/Product Noc	service review.	=	-	=	-
Q0239	Bamlanivimab-Xxxx	Unlisted: Procedure/service not specifically defined or classified  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				4/16/2021
Q0507	Misc Sup/Acc Ext Vad	service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		<del>-</del>	_	
Q0508	Misc Sup/Acc Imp Vad	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	<u>-                                      </u>	_	_
	Mis Sup/Ac Imp Vad Nopay Med	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	<u>-</u>	-	-	-
	Dispens Fee Immunosupressive	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	-	_	_
	Sup Fee Antiem Antica Immuno	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>=</u>	-	=	-
	Px Sup Fee Anti-Can Sub Pres	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	<u>-</u>	-	-	-
	Radiesse Injection	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.001	Cosmetic and Reconstructive Procedures		
	Inj Sculptra 0.5Mg	for predetermination to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	30K/16.001	Cosmetic and reconstructive Procedures	_	_
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may		-	-	-
	Axicabtagene Ciloleucel Car+	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX502.061	Oncology Medications	-	-
Q2042	Tisagenlecleucel Car-Pos T Sipuleucel-T Minimum Of 50	require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	-
Q2043	Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	#N/A	#N/A	-	10/10/2021
Q2050	Doxorubicin Inj 10Mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	_	_	_	_
Q2052	Ivig Demo Services/Supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-		_	_
	Brexucabtagene Autoleucel, Up To	service review.				
	200 Million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX502.061	Oncology Medications	4/1/2021	-
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX502.061	Oncology Medications	10/1/2021	-
Q2055	Idecabtagene Vicleucel Car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX502.061	Oncology Medications	1/1/2022	=
Q4050	Cast Supplies Unlisted	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
Q4051	Splint Supplies Misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	_
Q4082	Drug/Bio Noc Part B Drug Cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.				
Z02	o, a o o lug cap	Unlisted: Procedure/service not specifically defined or classified  MP Criteria: Procedure/service reviewed against Medical Criteria.	-		-	-
Q4100	Skin Substitute Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/c/linical review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	=	=
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	
Q4102	Oasis Wound Matrix	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes		
		for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				_
Q4103	Oasis Burn Matrix	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4104	Integra Bmwd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4105	Integra Drt Or Omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	_
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	
Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	
Q4108	Integra Matrix	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	
	Primatrix	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUD704.012		5/15/2021	
Q4110	Primatrix	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4111	Gammagraft	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4112	Cymetra Injectable	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4113	Graftjacket Xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	No. of the Control of		
Q4114	Integra Flowable Wound Matri	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR/04.012	Bioengineered Skin and Soft Tissue Substitutes	-	_
Q4115	Alloskin	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4118	Matristem Micromatrix	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
		Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit				
	Dermacell Awm Porous Sq Cm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	10/15/2021	
Q4122	Dermacell Awm Porous Sq Cm	For predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	3/31/2021
Q4122	Dermacell Awm Porous Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/1/2021	10/14/2021
Q4123	Alloskin Rt Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
04124	Oasis Ultra Tri-Layer Wound Matrix	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service  exists. Check Ell India: CPCPD9, which is one of our Clinical Property and Coding.	SUR704 012	Biographopard Skip and Safe Tirrus Substitute-	E/1E/2024	
Q4124	Per Square Centimeter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	5UK/U4.U12	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4125	Arthroflex Per Square Centimeter	EIU: Procedure/service not reimbursed by the Man. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4126	Memoderm/Derma/Tranz/Integup	Folicy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4127	Talymed Per Square Centimeter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4128	Flexhd/Allopatchhd/Matrixhd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4130	Strattice Tm Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4132	Grafiy core grafiyol core	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	
	Grafix ctravix prime al corm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.011 SUR704.011			-
	Grafix stravix prime pl sqcm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4134	Hmatrix	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	=
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
		Policy (CPCP).				
Updated May						

		FILL: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
Q4136	Ezderm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4137	Amnioexcel Biodexcel 1Sq Cm	EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	=	-
Q4138	Biodfence Dryflex 1Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4139	Amnio Or Biodmatrix Inj 1Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4140	Biodfence 1Cm	EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4141	Alloskin Ac 1 Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4142	Xcm Biologic Tiss Matrix 1Cm	Policy (PCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4143	Repriza 1Cm	Policy (PCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4145	Epifix Inj 1Mg	Policy (PCP). EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid		_
Q4146	Tensix 1Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4147	Architect Ecm Px Fx 1 Sa Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4148	Neox Neox Rt Or Clarix Cord	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-,,	
Q4149		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-
	Excellagen 0.1 Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4150 Q4151	Allowrap Ds Or Dry 1 Sq Cm  Amnioband guardian 1 sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011  Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit SUR704.011	Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4152	Dermapure 1 Square Cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIJ policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4153	Dermavest Plurivest Sq Cm	Policy (PCPP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid		
Q4154	Biovance 1 square cm	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	
Q4155	Neoxflo Or Clarixflo 1 Mg	EU. Procedury Service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP)	Amniotic Membrane and Amniotic Fluid	-	-
Q4156	Neox 100 Or Clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4157	Revitalon 1 Square Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4158	Kerecis Omega3 Per Sq Cm	Policy (PCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4159	Affinity1 Square Cm	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit  SUR704.011	Amniotic Membrane and Amniotic Fluid	2/1/2022	_
Q4159	Affinity1 Square Cm	for predetermination to avoid post-service review.  EIU: Procedury/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	1/31/2022
Q4160	Nushield 1 Square Cm	Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4161	Bio-Connekt Per Square Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4162	Wndex Flw Bioskn Flw 0.5Cc	Policy (PCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4163	Woundex Bioskin Per Sq Cm	Policy (PCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid		
Q4164				_	_
	Helicoll Per Square Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes		-
Q4165		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Lip Upolicy PCPOS, which is one of our Clinical Payment and Coding SUR704.012 Policy (PCPD).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4165	Keramatrix Kerasorb Sq Cm	EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021 5/15/2021	-
Q4166	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPDB.	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021 5/15/2021 5/15/2021	-
	Keramatrix Kerasorb Sq Cm	EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit SUR704.012 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021 5/15/2021 5/15/2021 5/15/2021	-
Q4166 Q4167 Q4168	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg	EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021 5/15/2021 5/15/2021	-
Q4166 Q4167	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021 5/15/2021 5/15/2021 5/15/2021	-
Q4166 Q4167 Q4168 Q4169 Q4170	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm	EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Description of the Procedure/service reviewed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid	5/15/2021 5/15/2021 5/15/2021 5/15/2021	- - - - - -
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021 5/15/2021 5/15/2021 5/15/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus	EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service reviewed against Medical Policy Crteria. Submit for predetermination to avoid post-service review.  The Crteria Procedure/service reviewed against Medical Policy Crteria. Submit for predetermination to avoid post-service review.  The Crteria Procedure/service reviewed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Armiotic Membrane and Armiotic Fluid	5/15/2021 5/15/2021 5/15/2021 5/15/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EIU policy CPCDB, which is none of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  -  -	
Q4166  Q4167  Q4168  Q4169  Q4170  Q4171  Q4173  Q4174  Q4175	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm	EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP0. Which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria Procedure/service reviewed against Medical Policy Criteria. Submit for prefetermination to avoid post-service review.  Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU-Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021 5/15/2021 5/15/2021 5/15/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPDB, which is one of our Clinical Payment and Coding SUR704.011 Policy	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  -  -	
Q4166  Q4167  Q4168  Q4169  Q4170  Q4171  Q4173  Q4174  Q4175	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.012 Policy (CPCP).  BIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our. Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our.	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  -  -	
Q4166  Q4167  Q4168  Q4169  Q4170  Q4171  Q4173  Q4174  Q4175  Q4176	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square Centimeter	EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP0. Which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Cinteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (C	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173 Q4174 Q4175 Q4176 Q4177	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square Centimeter  Floweramniofio 0.1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCDB, which is one of our Clinical Payment and	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  4/1/2021  -	
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Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173 Q4174 Q4175 Q4176 Q4177 Q4178 Q4179	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square Centimeter  Floweramniofilo 0.1 Cc  Floweramniopatch Per Sq Cm  Flowerderm Per Sq Cm  Revita Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPDs. which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPDs, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCPDs, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EIU policy CPCP08.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not re	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  4/1/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173 Q4174 Q4175 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square Centimeter  Floweramniopatch Per Sq Cm  Flowerderm Per Sq Cm  Revita Per Sq Cm  Amnio Wound Per Square Cm	EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (PCPD). Which is one of our Clinical Payment and Coding SUR704.012 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (PCPD). Which is one of our Clinical Payment and Coding SUR704.012 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.012 Policy (PCPD).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCPD).  EU. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding SUR704.011	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  4/1/2021  - 5/15/2021	
Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173 Q4174 Q4175 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182	Keramatrix Kerasorb Sq Cm  Cytal Per Square Centimeter  Truskin Per Sq Centimeter  Amnioband 1 mg  Artacent Wound Per Sq Cm  Cygnus Per Sq Cm  Interfyl 1 Mg  Palingen Or Palingen Xplus  Palingen Or Promatrx  Miroderm  Neopatch Or Therion, Per Square Centimeter  Floweramniofilo 0.1 Cc  Floweramniopatch Per Sq Cm  Revita Per Sq Cm  Amnio Wound Per Square Cm  Transcyte Per Sq Centimeter	EUJ: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (PCDR). Which is one of our. Clinical Payment and Coding SUR704.012 Policy (ICPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy (PCPOS, which is one of our. Clinical Payment and Coding SUR704.012 Policy (ICPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCDS, which is one of our. Clinical Payment and Coding SUR704.012 Policy (ICPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS, which is one of our. Clinical Payment and Coding SUR704.012 Policy (ICPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EUI policy CPCDS.  HIP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCDS.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI po	Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes  Amniotic Membrane and Amniotic Fluid  Bioengineered Skin and Soft Tissue Substitutes	5/15/2021  5/15/2021  5/15/2021  5/15/2021  08/15/2021  4/1/2021  - 5/15/2021	

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
Q4185	Cellesta Flowab Amnion 0.5Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	Amniotic Membrane and Amniotic Fluid	-	=
Q4186 Q4187	Epifix 1 sq cm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid	08/15/2021 08/15/2021	-
	Epicord 1 sq cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		06/15/2021	-
Q4188	Amnioarmor 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
Q4189	Artacent Ac 1 Mg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	=	-
Q4190	Artacent Ac 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
Q4191	Restorigin 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4192	Restorigin 1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	=	-
Q4193	Coll-E-Derm 1 Sq Cm	EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	=
Q4194	Novachor 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4195	Puraply 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	=
Q4196	Puraply Am 1 Sq Cm	Policy (CPCP). EIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4197	Puraply Xt 1 Sq Cm	Policy (PCPP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012	Bioengineered Skin and Soft Tissue Substitutes		_
Q4198	Genesis Amnio Membrane 15gcm	Policy (CPCP). EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid		
		Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-
Q4199	Cygnus Matrix Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011  Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	2022-04-15	-
Q4200	Skin Te 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	=
Q4201	Matrion 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
Q4202	Keroxx (2.5G/Cc) 1Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4203	Derma-Gide 1 Sq Cm	EIU- Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP).	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4204	Xwrap 1 Sq Cm	EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	=
Q4205	Membrane Graft Or Wrap Sq Cm	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4206	Fluid Flow Or Fluid Gf 1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (PCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCP0).	Amniotic Membrane and Amniotic Fluid	=	=
Q4208	Novafix Per Sq Cm	FORKY (JCCP):  EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service  review. Check EIU policy (PCP08, which is one of our Clinical Payment and Coding SUR704.011  Policy (CPCP)  Policy (CPCP)	Amniotic Membrane and Amniotic Fluid	-	-
Q4209	Surgraft Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4210	Axoloti Graf Dualgraf Sq Cm	Policy (CPCP).  BUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	=	-
Q4211	Amnion Bio Or Axobio Sq Cm	Policy (CPCP).  BUJ- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4212	Allogen Per Cc	Policy (CPCP). EIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4213	Ascent 0.5 Mg	Policy (PCPD). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4214	Cellesta Cord Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid		
Q4215		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
	Axolotl Ambient Cryo 0.1 Mg	review. Check EIU policy (CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP) EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-
Q4216	Artacent Cord Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). EIU: Procedure/Service not relimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	=	=
Q4217	Woundfix Biowound Plus Xplus	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
Q4218	Surgicord Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	-
Q4219	Surgigraft Dual Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MD Criteria: Perceptura/contine reviewed against Medical Relian Criteria, Submit	Amniotic Membrane and Amniotic Fluid	=	=
Q4220	Bellacell Hd Surederm Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	_	5/14/2021
Q4220	Bellacell Hd Surederm Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012  Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4221	Amniowrap2 Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). MD Criteria: Perceptura/contine reviewed against Medical Relian Criteria, Submit	Amniotic Membrane and Amniotic Fluid	=	=
Q4222	Progenamatrix Per Sq Cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes		5/14/2021
Q4222	Progenamatrix Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.012 Policy (CPCP). EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	=
Q4224	Hhf10-P Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4225	Amniobind Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4227	Amniocore Per Sq Cm	review. Check full policy CPCPDs, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).  BiLY Procedure/Service not reimbursed by the Plan. Not subject to pre-service	Amniotic Membrane and Amniotic Fluid	-	=
Q4228	Bionextpatch Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	9/30/2021
Q4229	Cogenex Amnio Memb Per Sq Cm	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	=	=
Q4230	Cogenex Flow Amnion 0.5 Cc	EIU- Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (CPCP).	Amniotic Membrane and Amniotic Fluid	-	-
Q4231	Corplex P Per Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy (PCP08, which is one of our Clinical Payment and Coding SUR704.011 Policy (PCP0).	Amniotic Membrane and Amniotic Fluid	=	=
Q4232	Corplex Per Sq Cm	FORKY (JCCP):  EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service  review. Check EIU policy (PCP08, which is one of our Clinical Payment and Coding SUR704.011  Policy (CPCP)  Policy (CPCP)	Amniotic Membrane and Amniotic Fluid	-	-
Q4233	Surfactor /Nudyn Per 0.5 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
		Policy (CPCP).			

Q4234	Xcellerate Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4235	Amniorepair Or Altiply Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4236	Carepatch Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid		9/30/2021
Q4237	Cara Card Bas Ca Car	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid		
	Cryo-Cord Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			-	-
Q4238	Derm-maxx, per sq cm	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	02.01/2022	6/30/2022
Q4238	Derm-maxx, per sq cm	review. Check EIU policy CPCP028, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	g SUR704.011	Amniotic Membrane and Amniotic Fluid	7/1/2022	-
Q4239	Amnio-Maxx Or Lite Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4240	Corecyte Topical Only 0.5 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4241	Polycyte Topical Only 0.5Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	=	-
Q4242	Amniocyte Plus Per 0.5 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4244	Procenta Per 200 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4245	Amniotext Per Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4246	Coretext Or Protext Per Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4247	Amniotext Patch Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4248	Dermacyte Amn Mem Allo Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid		
Q4249	Amniply Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	3/1/2021	
Q4249 Q4250		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid		
Q4250 Q4251	Amnioamp-Mp Per Sq Cm  Vim per square centimeter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR704.011 SUR704.011	Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid	3/1/2021 10/1/2021	12/31/2021
Q4251	Vim per square centimeter	for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid  Amniotic Membrane and Amniotic Fluid	1/1/2022	-,,
Q4252	Vendaje per square centimet	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2022	=
Q4253	Zenith amniotic membrane psc	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4254	Novafix DI Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4255	Reguard Topical Use Per Sq	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4256	Mig Complet Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4257	Relese Per Sq Cm	Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4258	Enverse Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	_
Q5009	Hospice Care Nos	Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to				
Q5103	Injection Inflectra	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.051	Infliximab and Associated Biosimilars		
Q5104	Injection Renflexis	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096 RX501.051	Specialty Medication Administration Site of Care Infliximab and Associated Biosimilars		
Q5106		require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.096	Specialty Medication Administration Site of Care	-	-
	Inj Retacrit Non-Esrd Use	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	=	=
Q5107	Inj Mvasi 10 Mg	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	#N/A	#N/A	Moved to PA list	10/10/2021
Q5109	Injection Ixifi 10 Mg	require Prior Authorization per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	RX501.051	Infliximab and Associated Biosimilars	=	=
Q5115	Inj Truxima 10 Mg	require Prior Authorization per contract agreement.	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	-	-
Q5118	Inj. Zirabev 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
Q5119	Inj Ruxience 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Moved to PA list	10/10/2021
Q5124	Inj. Byooviz 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	2022-04-01	_
S0013	Esketamine Nasal Spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.105	Esketamine Nasal Spray	2/1/2021	=
S0117	Tretinoin Topical 5 G	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-	-	-
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, may require Prior Authorization per contract agreement.	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	=	=
S0189	Testosterone Pellet 75 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 RX501.007	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty	-	-
S0197	Prenatal Vitamins 30 Day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	RX501.076	Testosterone Replacement Therapies		
50310	Hospitalist Visit	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			_	
50320	Rn Telephone Calls To Dmp	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_	_	-	-
S0590	Misc Integral Lens Serv	Unlisted: Procedure/service not specifically defined or classified, may be subject to			_	
50622	Phys Exam For College	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
50822	Laser In Situ Keratomileusis	service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- SUR713.001	- Refractive and Therapeutic Keratoplasty	_	_
50810	Photorefractive Keratectomy	for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-			_	_
S1001	Deluxe Item	service review.  Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
S1002	Custom Item	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		_	=
S1002 S1040	Cranial Remolding Orthosis	contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME103.007	- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	-	-
S1040 S1091		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	DME103.007 SUR706.001		5/15/2021	=
	Stent Non-Coronary Propel	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit		Nasal and Sinus Surgery	2/13/2021	-
S2083	Adjustment Gastric Band	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR716.003 SUR705.035	Bariatric Surgery	2022.05.05	-
S2112	Knee Arthroscp Harv	for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	2022-05-01	-
S2117	Arthroereisis Subtalar	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.027	Subtalar Arthroereisis (STA)	-	=

Lance Control		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may				
S2118	Total Hip Resurfacing	merchena. Procedure/ser wice reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 03/31/2022.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may	SUR705.019	Hip Resurfacing (HR)	-	-
S2120	Low Density Lipoprotein(Ldl)	require Prior Authorization per contract agreement.	THE802.003	Lipid Apheresis  Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	-	=
			SUR703.037 SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.043 SUR703.047	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer  Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
S2140	Cord Blood Harvesting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	_	_
		for predetermination to avoid post-service review.	SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)		
			SUR703.035 SUR703.032	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults		
			SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroelobulinemia		
			SUR703.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and		
			SUR703.002 SUR703.043	Recipient Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.047 SUR703.036	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
S2142	Cord Blood Desired St C. "	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
32142	Cord Blood-Derived Stem-Cell	for predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	-
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietic Cell Transplantation for Micrellaneous Solid Tumors in Adults		
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.030 SUR703.046	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis Hematopoietic Cell Transplantation for Solid Tumors in Children		
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
			SUR703.037	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.002 SUR703.043	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)		
			SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
			SUR703.041 SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
S2150	Bmt Harv/Transpl 28D Pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	=	-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.035 SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
52202				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
	Echarclaratharany	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUD707.016	Variona Vain Management		
S2202 S2230	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	SUR707.016	Varicose Vein Management  Senii Implantable and Fulls Implantable Middle Ear Hearing Aide	-	-
S2230	Implant Semi-Imp Hear	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR714.008	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	-	-
		for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit			- -	- -
S2230	Implant Semi-Imp Hear	for predetermination to avoid post-service review.  MP Criteria: Procedure Service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service reviewes day the Pfain. Not subject to pre-service review.  Clear Service Service View Criteria Service View.	SUR714.008 SUR714.009	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	-	- - -
S2230 S2235	Implant Semi-Imp Hear Implant Auditory Brain Imp	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service reviewed by the Plan. Not subject to pre-service review. Check EIU policy CPDPB. Which is one of our Clinical Payment and Coding Policy (CPCP).  Unitstee: Procedure/service not specifically defined or classified, may be subject to	SUR714.008 SUR714.009 SUR705.041	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant	-	-
S2230 S2235 S2300	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use	for predetermination to avoid post-service review.  MP Criteria: Procedure/Service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/Service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/Service review crientures by the Plan. Not subject to pre-service review. Check EIU policy CPCP09. Within 5 one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	SUR714.008 SUR714.009 SUR705.041	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant	-	-
S2230 S2235 S2300	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service reviewed by the Plan. Not subject to pre-service review. Check EIU policy CPDPB. Which is one of our Clinical Payment and Coding Policy (CPCP).  Unitstee: Procedure/service not specifically defined or classified, may be subject to	SUR714.008 SUR714.009 SUR705.041	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant	-	-
\$2230 \$2235 \$2300 \$2409	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List	for predetermination to avoid post-service review.  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unitsteet: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	SUR714.008 SUR714.009 SUR705.041	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately in Addition To Code For Primary Procedure)	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unitsteet: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	SUR714.008 SUR714.009 SUR705.041	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
\$2230 \$2235 \$2300 \$2409 \$2900	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unitsteet Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -	Semi-implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability   Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	-	-
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab	for predetermination to avoid post-service review.  MP Criteria: Powedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Powedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Ell: Procedum/service not reimbursed by the Plan. Not subject to pre-service review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedum/service not specifically defined or classified, may be subject to contract/Clinical review.  MP Criteria: Procedum/service not specifically defined or classified. Not subject to pre-service review.  Non Covered: Procedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedum/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedum/service not covered by the Plan. Not subject to pre-service review.	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600 \$3601	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately in Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Mf Saliva Test Hormone Level;	for predetermination to avoid post-service review.  MP Criteria: Powedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Powedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedum/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedum/service not specifically defined or classified, may be subject to procedum/service review.  Non Covered: Procedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedum/service reviewed by the Pfan. Not subject to pre-service review.  Non Covered: Procedum/service not covered by the Pfan. Not subject to pre-service review.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review.  EU: CPCPD.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service Policy.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service Policy.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service.	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	- - - - -	-
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600 \$3601	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (Ust. Separately in Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf	for predetermination to avoid post-service review.  MP Criteria: Powedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Powedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to pre-service review.  EU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128	Semi-implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability   Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	- - - - - -	
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\$2230 \$2235 \$2300 \$2409 \$2900 \$3600 \$3601 \$3650 \$3652	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Surface Emg Complete Mf Noc Case Rate	for predetermination to avoid post-service review.  MP Criteria: Foundum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedum/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedum/service not specifically defined or classified, may be subject to procedum/service review.  Non Covered: Procedum/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedum/service reviewed by the Pfan. Not subject to pre-service review.  Non Covered: Procedum/service not covered by the Pfan. Not subject to pre-service review. Check EU policy CPCP09.  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedum/service not reimbursed by the Pfan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Paym	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128  MED207.128  MED205.006	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	
\$2230 \$2235 \$2350 \$2350 \$2409 \$2409 \$3600 \$3650 \$3652 \$3900 \$4015 \$4023	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Surface Emg Complete Nf Nos Case Rate Incompl Donor Egg Case Rate	for predetermination to avoid post-service review.  MP Criteria: Founding Service review.  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP9.  Unlisted: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Elip Procedure/service not reimbursed procedure/service review. Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, may be subject to procedure/service not specifically defined or classified, may be subject to procedure/service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to preservice review.  Non Covered: Procedure/service not reimbursed by the Pfan. Not subject to preservice review. Check ELI policy CPCP0, Which is one of our Clinical Payment and Coding Policy (CPCP).  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  ELIP Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Check ELI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128  MED207.128  MED205.006  -  OB402.023	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability	- - - - - - - - - -	
\$2230 \$2235 \$2355 \$2300 \$2409 \$2900 \$3600 \$3650 \$3652 \$3900 \$4015 \$4023 \$4025	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/Nf Saliva Test Hormone Level; Surface Emg Complete Nf Nos Case Rate Incompl Donor Egg Case Rate Donor Serv Ivf Case Rate	for predetermination to avoid post-service review.  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUL: Procedure/service not reinbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service 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.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Po	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128  MED207.128  MED205.006  OB402.023  OB402.023	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability  —  Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery  — — — Salivary Hormone Testing  Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy  — Services for Infertility and Recurrent Fetal Loss  Services for Infertility and Recurrent Fetal Loss		
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600 \$3650 \$3652 \$3900 \$4015 \$4023 \$4025 \$4026	Implant Semi-Imp Hear Implant Auditory Brain Imp Arthroscopy Shoulder Surgi Fetal Surg Noc Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Stat Lab Stat Lab Home/M Saliva Test Hormone Level; Surface Emg Complete MF Nos Case Rate Incompl Donor Egg Case Rate Donor Serv Ivf Case Rate Procure Donor Sperm	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUL! Procedure/service not reinabused by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  EUI Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not septimes and policy CPCP08, which is one of our Clinical Payment and Coding Policy CPCP08.  EUI: Procedure/service not septimes and p	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128  MED207.128  MED205.006  OB402.023  OB402.023	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability		
\$2230 \$2235 \$2300 \$2409 \$2900 \$3600 \$3650 \$3652 \$3900 \$4015 \$4023 \$4025 \$4026 \$4027	Implant Semi-Imp Hear  Implant Auditory Brain Imp  Arthroscopy Shoulder Surgi  Fetal Surg Noc  Surgical Techniques Requiring Use  Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  Stat Lab  Stat Lab Home/M  Saliva Test Hormone Level;  Surface Emg  Complete M Nos Case Rate  Incompl Donor Egg Case Rate  Donor Serv Ivd Case Rate  Procure Donor Sperm  Store Prev Froz Embryos	for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUE: Procedure/service not reinabused by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for pre	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  MED207.128  MED207.128  MED205.006  OB402.023  OB402.023  OB402.023	Semi-implantable and Fully implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability		
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\$2230 \$2230 \$2235 \$2230 \$2235 \$22300 \$22409 \$22409 \$23600 \$33600 \$33650 \$33650 \$33652 \$33900 \$34015 \$4023 \$4025 \$4026 \$4027 \$4030 \$4990 \$4991 \$4995 \$55035 \$55036 \$55100 \$55101 \$55102	Implant Semi-Imp Hear  Implant Auditory Brain Imp  Arthroscopy Shoulder Surgi  Fetal Surg Noc  Surgical Techniques Requiring Use  Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)  Stalt Lab  Stat Lab Home/Nf  Saliva Test Hormone Level;  Saliva Test Hormone Level;  Surface Emg  Complete Nf Nos Case Rate  Incompl Donor Egg Case Rate  Donor Serv Ivf Case Rate  Procure Donor Sperm  Store Prev Froz Embryos  Sperm Procure Init Visit  Sperm Procure Init Visit  Monit Store Cryo Embryo 30 D  Nicotine Patch Legend  Nicotine Patch Nengend  Smoking Cessation Gum  Hit Routine Device Maint  Hit Device Repair  Adult Day Care Per Half Day  Adult Day Care Per Diem  Centerbased Day Care Perdiem	for predetermination to avoid post-service review.  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Pfan. Not subject to pre-service review. Procedure/service not specifically defined or classified, may be subject to ground the predetermination to avoid post-service review. Procedure/service not specifically defined or classified, may be subject to ground the procedure/service not specifically defined or classified, may be subject to ground the procedure/service not specifically defined or classified, may be subject to ground the procedure/service not specifically defined or classified, may be subject to procedure/service not specifically defined or classified, may be subject to present or specifically defined or classified, may be subject to present or specifically defined or classified, may be subject to present or specifically defined or classified and procedure/service not covered by the Pfan. Not subject to presentice review.  Non Covered: Procedure/service not covered by the Pfan. Not subject to presentice review.  Procedure/service not reimbursed by the Pfan. Not subject to presentice review. Check EU policy CPCP08, which is one of our clinical Payment and Coding Policy (CPC).  EU: Procedure/service not reimbursed by the Pfan. Not subject to preservice review. Check EU policy CPCP08, which is one of our clinical Payment and Coding Policy (CPC).  EU: Procedure/service not reimbursed by the Pfan. Not subject to preservice review. Check EU policy CPCP08, which is one of our clinical Payment and Coding Policy (CPC).  EU: Procedure/service not reimbursed by the Pfan. Not subject to preservice review.  December of the procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/s	SUR714.008  SUR714.009  SUR705.041  -  SUR701.014  -  -  MED207.128  MED207.128  MED205.006  -  OB402.023  OB402.023  OB402.023  OB402.023  OB402.023  OB402.023	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids  Auditory Brainstem Implant  Thermal Capsulorrhaphy as a Treatment of Joint Instability		

S5110	Family Homecare Training 15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-			_
S5111	Family Homecare Train/Sessio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
	ranny nomecare trainy sessio	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-		-
S5115	Nonfamily Homecare Train/15M	service review.	=	=		-
S5116	Nonfamily Hc Train/Session	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-	=	<u></u>	-	
S5120	Chore Services Per 15 Min	service review.	-	-		-
S5121	Chore Services Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	_			_
S5125	Attendant Care Service /15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
33123	Attenuant care service / 15W	service review.	-	-		-
S5126	Attendant Care Service / Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	=		-
55420		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
S5130	Homaker Service Nos Per 15M	service review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
S5131	Homemaker Service Nos /Diem	service review. Unlisted: Procedure/service not specifically defined or classified	-	-		-
S5135	Adult Companioncare Per 15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
33133	Addit Companioncare Fer 15W	service review.	-	-		_
S5136	Adult Companioncare Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	-	-		_
S5140	Adult Foster Care Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
		service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	<u>-</u>		-
S5141	Adult Foster Care Per Month	service review.	-	-		-
S5145	Child Fostercare Th Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	_		_	_
55445	71	service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
S5146	Ther Fostercare Child / Month	service review.	-			-
S5150	Unskilled Respite Care /15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.	=	-		-
S5151	Unskilled Respitecare / Diem	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-	-	<u>-</u>		-
S5160	Emer Response Sys Instal&Tst	service review.	=	-		-
S5161	Emer Rspns Sys Serv Permonth	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-				
S5162	Emer Rspns System Purchase	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, may be subject to				
		contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-		-	
S5185	Med Reminder Serv Per Month	service review.	-	-		-
S5199		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
22133	Personal Care Item Nos Each	service review. Unlisted: Procedure/service not specifically defined or classified	-		-	-
S5497	Hit Cath Care Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	PSY301.014	- Autism Spectrum Disorders (ASD)		-
S8035	Magnetic Source Imaging	for predetermination to avoid post-service review.	RAD601.038	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)		-
S8130	Interferential Current Stimulator 2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201 041	Interferential Course China Intian		
30130	Channel	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.041	Interferential Current Stimulation	-	-
50404	Interferential Current Stimulator 4	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
S8131	Channel	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.041	Interferential Current Stimulation	-	-
S8189	Trach Supply Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	тист зарргу нос	contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-	-	-		
S8270	Enuresis Alarm	service review.				
			-			_
S8301	Infect Control Supplies Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-		-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-		-
\$8301 \$8460	Infect Control Supplies Nos  Camisole Post-Mast	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.	-	- -		-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- - - SUR702.019	- Cranial Electrotherapy Stimulation and Auricular Electrostimulation		-
S8460 S8930	Camisole Post-Mast  Auricular Electrostimulation	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service.	- SUR702.019			-
S8460	Camisole Post-Mast	Unlisted Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service nor eimbursed by the Plan. Not subject to pre-service review. Check EUL policy (CPCPB), which is one of our Clinical Payment and Coding	- SUR702.019	Cranial Electrotherapy Stimulation and Auricular Electrostimulation Hippotherapy		-
S8460 S8930	Camisole Post-Mast  Auricular Electrostimulation	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service.	- SUR702.019			-
S8460 S8930	Camisole Post-Mast  Auricular Electrostimulation	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pressortice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- SUR702.019 THE803.022 THE801.028 SUR702.005	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opicid Dependence		- - -
\$8460 \$8930 \$8940	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre- service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).	- SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy		-
\$8460 \$8930 \$8940 \$8948	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pressortice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit	- SUR702.019 THE803.022 THE801.028 SUR702.005	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opicid Dependence		-
\$8460 \$8930 \$8940	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pressortice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  ELL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ELL policy CPCPOB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy		-
\$8460 \$8930 \$8940 \$8948	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to presentice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPCPDB, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/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.	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED205.022 —	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy		-
\$8460 \$8930 \$8940 \$8948 \$8990	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (PCPOB, which is one of our Clinical Payment and Coding Policy (PCPC).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to preservice review.	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED205.022 —	Hippotherapy  Acne Management  Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence  Low-Level and High-Power Laser Therapy  Treatment of Trinitus  —		-
\$8460 \$8930 \$8940 \$8948 \$8990	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pressortice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not ceimbursed by the Plan. Not subject to pre-service review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BIL policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED201.045 MED201.047 OB401.017	Hippotherapy  Acne Management  Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence  Low-Level and High-Power Laser Therapy  Treatment of Trinitus  —		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pressortice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not cevered by the Plan. Not subject to pre-service review.  BU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED201.045 MED201.047 OB401.017	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tinnitus  - Home Uterine Activity Monitoring		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not occurred by the Plan. Not subject to preservice review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  ELI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP0).	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED201.045 MED205.012  - MED205.014	Hippotherapy  Acne Management  Acupuncture for Pain Management, Nausea and Vomitting and Opioid Dependence  Low-Level and High-Power Laser Therapy  Treatment of Tinnitus  -  Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not covered by the Plan. Not subject to preservice review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP)8, which is one of our Clinical Payment and Coding Policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCPO)8, which is one of our Clinical Payment and Coding Policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCPO)8, which is one of our Clinical Payment and Coding Policy (CPCPO).	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED201.045 MED205.012  - MED205.014	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tinnitus  - Home Uterine Activity Monitoring		
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination a owal goad-service review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service not reimbursed by the Plan Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED201.045 MED205.012  - MED205.014	Hippotherapy  Acne Management  Acupuncture for Pain Management, Nausea and Vomitting and Opioid Dependence  Low-Level and High-Power Laser Therapy  Treatment of Tinnitus  -  Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients		
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001 \$9056 \$9090 \$9117	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem  Vertebral Axial Decompressio  Back School Visit	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not occurred by the Plan. Not subject to pre-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review. eview.	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED205.022	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tinnitus  - Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients  Non-Surgical Spinal Decompression Traction Devices		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001 \$9056	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem  Vertebral Axial Decompressio	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  ELI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Not Covered: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED205.022	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tinnitus  - Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients  Non-Surgical Spinal Decompression Traction Devices		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001 \$9056 \$9090 \$9117	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem  Vertebral Axial Decompressio  Back School Visit	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination a owing dost-service review.  BEU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service not eviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP0).  EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.	SUR702.019 THE803.022 THE801.028 SUR702.005 MED201.045 MED205.022	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tinnitus  - Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients  Non-Surgical Spinal Decompression Traction Devices		
\$8460 \$8930 \$8940 \$8940 \$8948 \$8990 \$9001 \$9056 \$9090 \$9117 \$9125 \$9335	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem  Vertebral Avial Decompressio  Back School Visit  Respite Care in The Home P  Ht Hemodialysis Diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BELL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLD policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  BIL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. And the Plan. Not subject to pre-service review.  BIL: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed	SUR702.019 TH6803.022 TH6801.028 SUR702.005 MED010.045 MED010.045 MED0205.012  OB401.017 MED030.014 TH6803.021 TH6803.021 TH6803.024	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tirnitus  - Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients  Non-Surgical Spinal Decompression Traction Devices  Back School  -		-
\$8460 \$8930 \$8940 \$8948 \$8990 \$9001 \$9056 \$9090 \$9117 \$9125 \$9335 \$9379	Camisole Post-Mast  Auricular Electrostimulation  Hippotherapy Per Session  Low-Level Laser Trmt 15 Min  Pt Or Manip For Maint  Home Uterine Monitor With Or  Coma Stimulation Per Diem  Vertebral Avial Decompressio  Back School Visit  Respite Care in The Home P  Hit Hemodialysis Diem  Hit Noc Per Diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to preservice review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review.  ELI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP0).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP0).  BLI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check BLI policy (CPCP0).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.  Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review.	SUR702.019 TH6803.022 TH6801.028 SUR702.005 MED010.045 MED010.045 MED0205.012  OB401.017 MED030.014 TH6803.021 TH6803.021 TH6803.024	Hippotherapy  Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low-Level and High-Power Laser Therapy Treatment of Tirnitus  - Home Uterine Activity Monitoring  Sensory Stimulation for Coma Patients  Non-Surgical Spinal Decompression Traction Devices  Back School  -		
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59810	Ht Pharm Per Hour	Unlisted: Procedure/service not specifically defined or classified, may be subject contract/clinical review.	to _	_	_	_
S9900	Christian Sci Pract Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
39900		service review.	=	=	=	=
S9970	Health Club Membership Yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
39970		service review.	=	=	=	=
S9975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
39973		service review.	=	=	=	=
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
S9976	Lodging Per Diem	service review.	SUR703.001	_	_	_
		Unlisted: Procedure/service not specifically defined or classified				
	Meals Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
S9977		service review.	SUR703.001	_	_	_
		Unlisted: Procedure/service not specifically defined or classified				
59981	Med Record Copy Admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-				
29901		service review.	-	<del>-</del>	-	-