



Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered 2023 Commercial Benefit Procedure Code List Posted April 2023

EXCEPT AS OTHERWISE NOTED IN THE DATE COLUMN, THESE CODES ARE EFFECTIVE ON OR BEFORE JANUARY 1, 2023.

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 Recommended Clinical Review (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 Recommended Clinical Review (Predetermination), refer to our Utilization Management information on our website. You can also submit a request through Availity. https://www.availity.com/

Table with 2 columns: Procedure Code Groups and Procedure Code Group Description. Rows include Medical Policy Criteria (MP Criteria), Non Covered, Experimental, Investigational, Unproven (EIU), and Unlisted or Undefined.

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

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

Main table with 6 columns: Code, Code Description, Code Group & Description, Effective Date, Ending Date, and Updates. Lists various procedure codes and their review status.



27280	ARTHRO SI JTN B1GRF INSTRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
27299	UNLISTED PX PELVIS/HIP JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
27703	RECONSTRUCTION ANKLE JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
27860	FIXATION OF ANKLE JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
27899	UNLISTED PX LEG/ANKLE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
28890	HI ENRGY ESWT PLANTAR FASCIA	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
28899	UNLISTED PX FOOT/TOES	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
29440	Addition Of Walker To Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
29799	UNLISTED PX CASTING/STRPG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
29866	AUTGRFT IMPLNT KNEE W/SCOPE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
29914	HIP ARTHRO W/FEMORPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
29915	HIP ARTHRO ACETABULOPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
29916	HIP ARTHRO W/LABRAL REPAIR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
29999	UNLISTED PX ARTHROSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
30468	RPR NSL VLV COLLAPSE W/IMPLT	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
30469	RPR NSL VLV COLLAPSE W/RMDIG	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023		Add effective 01/01/2023
30999	UNLISTED PROCEDURE NOSE	Unlisted Procedure; May require Prior Authorization per contract agreement.			
31299	UNLISTED PX ACCESSORY SINUS	Unlisted Procedure; May require Prior Authorization per contract agreement.			
31599	UNLISTED PROCEDURE LARYNX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
31899	UNLISTED PX TRACHEA BRONCHI	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
32994	ABLATE PULM TUMOR PERQ CRYBL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
32998	ABLATE PULM TUMOR PERQ RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
32999	UNLISTED PX LUNGS & PLEURA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
33211	INSERT CARD ELECTRODES DUAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33267	EXCL LAA OPEN ANY METHOD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33268	EXCL LAA OPN OTH PX ANY METH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33269	EXCL LAA THRSCP ANY METHOD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33274	TCAT INSI/RPL PERM LIDS PM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33275	Tcat Rmvl Perm Lids Pm W/mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33285	INSI SUBQ CAR RHYTHM MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33418	REPAIR TCAT MITRAL VALVE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33419	REPAIR TCAT MITRAL VALVE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33542	Removal Of Heart Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
33999	UNLISTED PX CARDIAC SURGERY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36299	UNLISTED PX VASCULAR NIX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
36465	NIX NONCMPND SCLRSNT 1 VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36466	NIX NONCMPND SCLRSNT MLT VN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36468	NIX SCLRSNT SPIDER VEINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36470	NIX SCLRSNT 1 INCMPTNT VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36471	NIX SCLRSNT MLT INCMPTNT VN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
36474	ENDOVENOUS MCHNCHEM ADD-ON	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
36475	ENDOVENOUS RF 1ST VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36476	ENDOVENOUS RF VEIN ADD-ON	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36478	ENDOVENOUS LASER 1ST VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36479	ENDOVENOUS LASER VEIN ADDON	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36482	ENDOEN THER CHEM ADHES 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36483	ENDOEN THER CHEM ADHES SBSQ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
36516	Apheresis Immunoads Slctv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
36836	PRQ AV FSTL CRTJ UTRX 1 ACS	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023		Add effective 01/01/2023
36837	PRQ AV FSTL CRT UTRX SEP ACS	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023		Add effective 01/01/2023
37215	TRANSCATH STENT CCA W/EP5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37216	TRANSCATH STENT CCA W/O EP5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37217	STENT PLACEMT RETRO CAROTID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37218	STENT PLACEMT ANTE CAROTID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37241	VASC EMBOLIZE/OCCLUDE VENOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37242	VASC EMBOLIZE/OCCLUDE ARTERY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37243	VASC EMBOLIZE/OCCLUDE ORGAN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37244	VASC EMBOLIZE/OCCLUDE BLEED	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37500	ENDOSCOPY LIGATE PERF VEINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37501	UNLISTED VASC ENDOSCOPY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
37700	REVISE LEG VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37718	LIGATE/STRIP SHORT LEG VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37722	LIGATE/STRIP LONG LEG VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37735	REMOVAL OF LEG VEINS/LESION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37760	LIGATE LEG VEINS RADICAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37761	LIGATE LEG VEINS OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37765	STAB PHLEB VEINS XTR 10-20	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37766	PHLEB VEINS - EXTREM 20+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37780	REVISION OF LEG VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37785	LIGATE/DIVIDE/EXCISE VEIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
37799	UNLISTED PX VASCULAR SURGERY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
38129	UNLISTED LAPS PX SPLEEN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
38204	BL DONOR SEARCH MANAGEMENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38205	HARVEST ALLOGENIC STEM CELL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38206	HARVEST AUTO STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
38207	CRYOPRESERVE STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38208	THAW PRESERVED STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38209	WASH HARVEST STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38210	T-CELL DEPLETION OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38211	TUMOR CELL DELETE OF HARVST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38212	RBC DEPLETION OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38213	PLATELET DELETE OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38214	VOLUME DELETE OF HARVEST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38215	HARVEST STEM CELL CONCENTRTE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38230	BONE MARROW HARVEST ALLOGEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
38232	BONE MARROW HARVEST AUTOLOG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38240	TRANSPLT ALLO HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
38241	TRANSPLT AUTOL HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
38242	TRANSPLT ALLO LYMPHOCTYES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			

38243	TRANSPL HEMATOPOIETIC BOOST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38308	INCISION OF LYMPH CHANNELS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38589	UNLISTED LAPS PX LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
38999	UNLISTD PX HEMIC/LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
39499	UNLISTED PX MEDIASTINUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
39599	UNLISTED PX DIAPHRAGM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
40799	UNLISTED PROCEDURE LIPS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
40899	UNLISTED PX VESTIBULE MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
41530	TONGUE BASE VOL REDUCTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
41599	UNLISTED PX TONGUE FLR MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
41820	Excision Gum Each Quadrant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41821	Excision Of Gum Flap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41822	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41823	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41828	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41830	Removal Of Gum Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41870	Gum Graft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41872	Repair Gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41899	UNLISTED PX DENTALLVLR STRUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42299	UNLISTED PX PALATE UVULLA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42699	UNLISTED PX SALIVRY GLND/DUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42999	UNLISTED PX PHRNX ADDND/TNSL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43206	ESOPH OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
43236	UPPR GI SCOPE W/SUBMUC INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43252	EGD OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43289	UNLISTED LAPS PX ESOPH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43290	EGD FLX TRNSORL DPLMNT BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
43291	EGD FLX TRNSORL RMVL BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43633	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43645	LAP GASTR BYPASS INCL SMLL I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43770	LAP PLACE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43771	LAP REVISE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43772	LAP RMVL GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43773	LAP REPLACE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43774	LAP RMVL GASTR ADJ ALL PARTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43775	LAP SLEEVE GASTRECTOMY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43842	V-BAND GASTROPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43843	GASTROPLASTY W/O V-BAND	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43845	GASTROPLASTY DUODENAL SWITCH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43846	GASTRIC BYPASS FOR OBESITY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43847	GASTRIC BYPASS INCL SMALL I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43848	REVISION GASTROPLASTY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43886	REVISE GASTRIC PORT OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43887	REMOVE GASTRIC PORT OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43888	CHANGE GASTRIC PORT OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43999	UNLISTED PROCEDURE STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44979	UNLISTED LAPS PX APPENDIX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45399	UNLISTED PROCEDURE COLON	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45499	LAPAROSCOPE PROC RECTUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45999	UNLISTED PROCEDURE RECTUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
46707	REPAIR ANORECTAL FIST W/PLUG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
46999	UNLISTED PROCEDURE ANUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47370	LAPARO ABLATE LIVER TUMOR RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47379	UNLISTED LAPS PX LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47380	OPEN ABLATE LIVER TUMOR RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47382	PERCUT ABLATE LIVER RF	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47399	UNLISTED PROCEDURE LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47579	UNLISTED LAPS PX BILIARY TRC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47999	UNLISTED PX BILIARY TRACT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
48999	UNLISTED PROCEDURE PANCREAS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49329	UNLISTD LAPS PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49659	UNLISTD LAPS PX HRNAP HRNRPHY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49999	UNLISTED PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
50250	CRYOABLATE RENAL MASS OPEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50360	TRANSPLANTATION OF KIDNEY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50549	UNLISTED LAPS PX RENAL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
50592	PERC RF ABLATE RENAL TUMOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50593	PERC CRYO ABLATE RENAL TUM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50949	UNLISTED LAPS PX URETER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
51715	ENDOSCOPIC INJECTION/IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
51999	UNLISTED LAPS PX BLADDER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
52327	CYSTOSCOPY INJECT MATERIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
52441	CYSTOURETHRO W/IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
52442	CYSTOURETHRO W/ADDL IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
53855	INSERT PROST URETHRAL STENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
53860	TRANSURETHRAL RF TREATMENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
53899	UNLISTED PX URINARY SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
54125	REMOVAL OF PENIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54200	TREATMENT OF PENIS LESION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54205	TREATMENT OF PENIS LESION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54235	Penile Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54400	INSERT SEMI-RIGID PROSTHESIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54401	INSERT SELF-CONTD PROSTHESIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54405	INSERT MULTI-COMP PENIS PROS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54660	REVISION OF TESTIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

54699	UNLISTED LAPS PX TESTIS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
55559	UNLISTD LAPS PX SPRMATIC CORD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
55880	ABLTI MAL PRST8 TISS HIFU	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
55899	UNLISTED PX MALE GENITAL SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
55970	SEX TRANSFORMATION N TO F	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
55980	SEX TRANSFORMATION F TO M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
56805	REPAIR CLITORIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
56810	REPAIR OF PERINEUM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
57291	CONSTRUCTION OF VAGINA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
57292	CONSTRUCT VAGINA WITH GRAFT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
57335	REPAIR VAGINA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
57426	REVISE PROSTH VAG GRAFT LAP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
58578	UNLISTED LAPS PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
58579	UNLISTED HYSTSC PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
58679	UNLISTED LAPS PX OVIDCT OVRY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
58999	UNLISTED PX FML GENITAL SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
59074	FETAL FLUID DRAINAGE W/U/S	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
59897	UNLISTED FETAL INVAS PX W/U/S	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
59898	UNLISTD LAPS PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
59899	UNLISTED PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
60659	UNLISTED LAPS PX ENDOC SVS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
60699	UNLISTED PX ENDOCRINE SYSTEM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
61630	INTRACRANIAL ANGIOPLASTY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
61635	INTRACRAN ANGIOPLSTY W/STENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
61650	Evasc Pring Admn Rx Agnt 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
61651	Evasc Pring Admn Rx Agnt 4dd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
62263	EPIDURAL LYSIS MULT SESSIONS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
62264	EPIDURAL LYSIS ON SINGLE DAY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
62287	DCMPRN PX PERQ 1/MULT LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
64582	OPN MPLTI HPGLS NSTM ARY PG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
64629	TRML DSTRJ IOS BVN EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
64640	INJECTION TREATMENT OF NERVE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
64999	UNLISTED PX NERVOUS SYSTEM	Unlisted Procedure; May require Prior Authorization per contract agreement.			
65760	REVISION OF CORNEA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
65770	REVISE CORNEA WITH IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
65785	IMPLTI NTRSTRML CRNL RNLG SEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66174	TRLUMI DL AQ O/F CAN W/O ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66175	TRLUMI DL AQ O/F CAN W/ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66179	AQUEOUS SHUNT EYE W/O GRAFT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66180	AQUEOUS SHUNT EYE W/GRAFT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66183	INSERT ANT DRAINAGE DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66989	XCPSL CTRC RMLV CPLX INSI 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66991	XCPSL CTRC RMLV INSI 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
67299	UNLISTED PX POSTERIOR SEGMENT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
67399	UNLISTED PX EXTRAOCULAR MUSC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
67599	UNLISTED PROCEDURE ORBIT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
67900	REPAIR BROW DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
67901	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67902	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67903	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67904	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67906	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67908	REPAIR EYELID DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
67999	UNLISTED PROCEDURE EYELIDS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
68399	UNLISTED PX CONJUNCTIVA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
69090	PIERCE EARLOBES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69300	REVISE EXTERNAL EAR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69399	UNLISTED PX EXTERNAL EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
69705	NPS SURG DILAT EUST TUBE UNI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69706	NPS SURG DILAT EUST TUBE BI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
69716	IMPL OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
69719	RPLCM OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			
69728	RMV NTR OI IMP SK TC=>100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023		Add effective 01/01/2023
69730	RPLC OI IMPLT SK TC ESP=>100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023		Add effective 01/01/2023
69799	UNLISTED PX MIDDLE EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.			
69949	UNLISTED PX INNER EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
69979	UNLISTED PX TEMPORAL BONE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
76496	UNLISTED FLUOROSCOPIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
76497	UNLISTED CT PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
76498	UNLISTED MR PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
76499	UNLISTED DX RADIOGRAPHIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
76999	ECHO EXAMINATION PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
77299	UNLISTED PX THER RAD TX PLNG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
77399	UNLISTED PX MED RAD PHYSICS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
77499	UNLISTED PX THER RAD TX MGMT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
77799	UNLISTED PX CLIN BRACHYTX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78099	UNLISTED ENDOCRINE PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78199	UNLISTD HEMATOP RET/ENDO LYMP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78399	UNLISTED MUSCLES PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78499	UNLISTED CV PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78599	UNLISTED RESP PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78699	UNLISTED NRVS SYS PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78799	UNLISTED GU PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
78999	UNLISTED MISC PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			

79999	RP THERAPY UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
80299	QUANTITATIVE ASSAY DRUG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
81099	UNLISTED URINALYSIS PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
81479	UNLISTED MOLECULAR PATHOLOGY	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
81599	UNLISTED MAAA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
82523	COLLAGEN CROSSLINKS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83006	Growth Stimulation Gene 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
83695	ASSAY OF LIPOPROTEIN(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83698	ASSAY LIPOPROTEIN PL2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83701	LIPOPROTEIN BLD HR FRACTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83704	LIPOPROTEIN BLD QUAN PART	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding 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, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83937	ASSAY OF OSTEOCALCIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83987	EXHALED BREATH CONDENSATE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
84112	EVAL AMNIOTIC FLUID PROTEIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
84431	THROMBOXANE URINE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
84999	UNLISTED CHEMISTRY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
85999	UNLISTED HEMATOLOGY&COAGI PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
86001	ALLERGEN SPECIFIC IGG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
86343	LEUKOCYTE HISTAMINE RELEASE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
86353	LYMPHOCYTE TRANSFORMATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
86486	SKIN TEST UNLISTED ANTIGEN EA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
86849	IMMUNOLOGY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
86911	BLOOD TYPING ANTIGEN SYSTEM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
86950	Leukocyte Transfusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
86999	UNLISTED TRANSFUSION MED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
87505	NFCT AGENT DETECTION GI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
87506	IADNA-DNA/RNA PROBE TQ 6-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
87507	IADNA-DNA/RNA PROBE TQ 12-25	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
87797	DETECT AGENT NOS DNA DIR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
87798	DETECT AGENT NOS DNA AMP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
87799	DETECT AGENT NOS DNA QUANT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
87899	AGENT NOS ASSAY W/OPTIC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
87999	UNLISTED MICROBIOLOGY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88000	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88005	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88007	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88012	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88014	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the 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-service review.	-	-	-
88025	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88027	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88028	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the 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-service review.	-	-	-
88040	FORENSIC AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88045	CORONERS AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88099	UNLISTED NECROPSY (AUTOPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88199	UNLISTED CYTOPATHOLOGY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88299	UNLISTED CYTOGENETIC STUDY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88375	OPTICAL ENDOMICROSCOPY INTERP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
88399	UNLISTED SURGICAL PATH PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88749	UNLISTED IN VIVO LAB SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
89240	UNLISTED MISC PATH TEST	Unlisted: Procedure/service not specifically defined or classified, maybe 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 for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89335	CRYOPRESERVE TESTICULAR TISS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89337	CRYOPRESERVATION OOCYTE(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89342	STORAGE/YEAR EMBRYO(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89343	STORAGE/YEAR SPERM/SEMEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89344	STORAGE/YEAR REPROD TISSUE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89346	STORAGE/YEAR OOCYTE(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
89398	UNLISTED REPROD MED LAB PROC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90378	RSV MAB IM 50MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
90399	UNLISTED IMMUNE GLOBULIN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90689	Vacc Inv4 No Prsv 0.25Ml Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90749	UNLISTED VACCINE/TOXOID	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90867	TCRANIAL MAGN STIM TX PLAN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90868	TCRANIAL MAGN STIM TX DELI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90869	TCRAN MAGN STIM REDETERMINE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90870	ELECTROCONVULSIVE THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90875	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90876	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90880	HYPNOTHERAPY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90885	PSY EVALUATION OF RECORDS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90889	PREPARATION OF REPORT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90899	UNLISTED PSYC SVC/THERAPY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90901	BIOFEEDBACK TRAIN ANY METH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90912	BFB TRAINING 1ST 15 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90913	BFB TRAINING EA ADDL 15 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90999	UNLISTED DIALYSIS PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
91034	Gastroesophageal Reflux Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91035	G-Esoph Reflx Tst W/Electrod	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91037	Esoph Imped Function Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91038	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91065	BREATH HYDROGEN/METHANE TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
91110	GI TRC IMG INTRAL ESOPH-ILE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91111	GI TRC IMG INTRAL ESOPHAGUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

91112	GI WIRELESS CAPSULE MEASURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
91113	GI TRC IMG INTRAL COLON I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
91117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91132	ELECTROGASTROGRAPHY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
91133	ELECTROGASTROGRAPHY W/TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
91299	UNLISTED DX GI PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
92015	Determine Refractive State	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92065	ORTHOP TRAINING PRFMD PHYS/QHP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92132	CMFTR OPPTH DX IMG ANT SEGMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92145	CORNEAL HYSTERESIS DETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92341	Fit Spectacles Bifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92370	Repair & Adjust Spectacles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92499	UNLISTED OPH SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
92512	NASAL FUNCTION STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92517	VEMP TEST I&R CERICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92519	VEMP TEST I&R CERICAL/OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92546	Sinusoidal Rotational Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
92548	CDP-SOT 6 COND W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92549	CDP-SOT 6 COND W/I&R MCT&ADT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92640	Aud Brainstem Implt Program	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
92700	UNLISTED ORL SERVICE/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
93050	ART PRESSURE WAVEFORM ANALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
93228	REMOTE 30 DAY ECG REV/REPORT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93229	REMOTE 30 DAY ECG TECH SUPP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93660	TILT TABLE EVALUATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93702	BIS XTRACELL FLUID ANALYSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
93740	TEMPERATURE GRADIENT STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93799	UNLISTED CV SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
93998	UNLISTD NONINVAS VASC DX STD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
94014	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
94015	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
94016	REVIEW PATIENT SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
94452	HAST W/REPORT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
94453	HAST W/OXYGEN TITRATE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
94799	UNLISTED PULMONARY SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
95060	EYE ALLERGY TESTS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
95065	NOSE ALLERGY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
95199	UNLISTED ALL/IMMLG SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
95700	Eeg Cont Rec W/Vid Eeg Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95705	Eeg W/O Vid 2-12 Hr Unmtr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95706	Eeg Wo Vid 2-12Hr Intmt Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95707	Eeg W/O Vid 2-12Hr Cont Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95708	Eeg Wo Vid Ea 12-26Hr Unmtr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95709	Eeg W/O Vid Ea 12-26Hr Intmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95711	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95712	Veeg 2-12 Hr Intmt Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95713	Veeg 2-12 Hr Cont Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95714	Veeg Ea 12-26 Hr Unmtr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95715	Veeg Ea 12-26Hr Intmt Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95716	Veeg Ea 12-26Hr Cont Mntnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95720	Eeg Phys/Qhp Ea Incr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95721	Eeg Phys/Qhp>36-60 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95722	Eeg Phys/Qhp>36-60 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95723	Eeg Phys/Qhp>60-84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95724	Eeg Phys/Qhp>60-84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95725	Eeg Phys/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95726	Eeg Phys/Qhp>84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95803	ACTOGRAPHY TESTING	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95905	MOTOR & SENS NRV CNDI TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
95919	QUAN PULMTRY PHY/QHP UNI/BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95965	MEG SPONTANEOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95966	MEG EVOKED SINGLE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95967	MEG EVOKED EACH ADDL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95999	UNLISTED NEUROLOGICAL DX PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
96000	MOTION ANALYSIS VIDEO/3D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96001	MOTION TEST W/FT PRESS MEAS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96002	DYNAMIC SURFACE EMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96003	DYNAMIC FINE WIRE EMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96004	PHYS REVIEW OF MOTION TESTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96379	UNL THER/PROP/DIAG INJ/NF	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
96549	UNLISTED CHEMOTHERAPY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
96912	PHOTOCHEMOTHERAPY WITH UV-A	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96913	PHOTOCHEMOTHERAPY UV-A OR B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96922	Laser Tx Skin >500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96931	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96932	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96933	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96934	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96935	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96936	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

96999	UNLISTED SPEC DERM SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
97039	UNLISTED MODALITY	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
97139	UNLISTED THERAPEUTIC PX	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
97169	Athletic Trn Eval Low Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97170	Athletic Trn Eval Mod Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97171	Athletic Trn Eval High Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97533	Sensory Integration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
97537	Community/Work Reintegration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
97610	LOW FREQUENCY NON-THERMAL US	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99024	Postop Follow-Up Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99026	IN-HOSPITAL ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99027	OUT-OF-HOSP ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99050	MEDICAL SERVICES AFTER HRS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99056	MED SERVICE OUT OF OFFICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99058	OFFICE EMERGENCY CARE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99070	SPECIAL SUPPLIES PHYS/QHP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99071	PATIENT EDUCATION MATERIALS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99075	MEDICAL TESTIMONY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99078	GROUP HEALTH EDUCATION	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99080	SPECIAL REPORTS OR FORMS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99082	UNUSUAL PHYSICIAN TRAVEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99183	Hyperbaric Oxygen Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
99199	UNLISTED SPECIAL SVC PX/PRPT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99360	PHYSICIAN STANDBY SERVICES	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99429	UNLISTED PREVENTIVE SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99449	Ntrprof Ph1/Ntrnet/Ehr 31-40	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99450	BASIC LIFE DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99451	Ntrprof Ph1/Ntrnet/Ehr 5-7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99452	Ntrprof Ph1/Ntrnet/Ehr Rfl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99453	Rem Mntr Physiol Param Setup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99454	Rem Mntr Physiol Param Dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99455	WORK RELATED DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99456	DISABILITY EXAMINATION	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99457	Rem Physiol Mntr 1St 20 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99491	Chrc Care Mgmt Svc 30 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99499	UNLISTED E&M SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99600	UNLISTED HOME VISIT SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
0052U	LPOPRTN BLD W/5 MAJ CLASSES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0054T	BONE SRGRY CMPTR FLUOR IMAGE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0055T	BONE SRGRY CMPTR CT/MRI IMAG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0062U	AI SLE IGG&IGM ALYS 80 BMRK	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0063U	NEURO AUTISM 32 AMINES ALG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0066U	PAMG-1 IA CERVICO-VAG FLUID	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0075T	PERQ STENT/CHEST VERT ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0076T	S&I STENT/CHEST VERT ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0086U	Nfct Ds Bact&Fng Org Id 6+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0087U	Crđ Hrt Trnspj Mrna 1283 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0088U	Trnspj Kđn Algřf Rđj 1494	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0089U	Onc Mnma Prame & Lin00518	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0090U	Onc Cutan Mnma Mrna 23 Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0091U	Onc Clřt Svc Whl Bld Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0094U	Genome Rapid Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0095U	Inflm Ee Elisa Alys Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0096U	Hpv Hř Risk Types Male Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0100T	PROSTH RETINA RECEVE&GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0101T	ESW MUJCSKEL SVS NOS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0101U	Hered Colon Ca Do 15 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0102T	ESW PHY ANES LAT HMRL EPNDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0102U	Hered Brst Ca Rřtd Do 17 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0103U	Hered Ova Ca Pnl 24 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0105U	Neph Chđ Mult Eclia Tum Nec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0106T	TOUQH QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0106U	GSTR EMPGTG 7 TIMED BRTH SPEC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0107T	VIBRATE QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0107U	C Diff Tox Ag Detqř Ia Stool	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0108T	COOL QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0109T	HEAT QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0109U	Id Aspergillus Dna 4 Species	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0110T	NOS QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0110U	Rx Mntr 1+Oral Onc R&Sbsts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0111U	Onc Colon Ca Kras&Nras Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0112U	Iadi 165&185 Rrna Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0113U	Onc Prst8 Pca3&Trnps2-Erg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0114U	Gi Barrett Esoph Vim&Cna1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0115U	Respir İadna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0116U	Rx Mntr Nzm Ia 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0118U	Trnspj Don-Dřv Cl-Fr Dna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0119U	Crđ Ceramides Lřq Chřm Plsm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0120U	Onc B Clř Lymph Mnra 58 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0122U	Sc Dis P-Selectin Whl Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0123U	Mchřl Fragility Rbc Přřg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0129U	Hered Brst Ca Rřtd Do Panel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-





0483T	TMVI PERCUTANEOUS APPROACH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0484T	TMVI TRANSTHORACIC EXPOSURE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0485T	OCT MID EAR I&R UNILATERAL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0486T	OCT MID EAR I&R BILATERAL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0499T	CYSTO /FURTL STRIK/STENOSIS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0507T	NEAR IFR 2MG MIBMN GLND I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0508T	PLS ECHO US B1 DNS MEAS TIB	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0509T	PATTERN ERG W/I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0511T	RMV&RINSI SINUS TARSI IMPLT	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0512T	ESW INTEG WND HLG 1ST WND	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0513T	ESW INTEG WND HLG EA ADDL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0524T	EV CATH DIR CHEM ABLT/ W/IMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0533T	CONT REC MVMT DO 6-10 DAYS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0534T	CONT REC MVMT DO SETUP&TRAIN	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0535T	CONT REC MVMT DO REPT CNFIG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0536T	CONT REC MVMT DO DL W/I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0544T	TCAT MV ANNULUS RNSJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0563T	EVAC MEBIOMMAN GLND HEAT BI	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0565T	AUTOL CELL IMPLT ADPS HRVG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0566T	AUTOL CELL IMPLT ADPS NIX	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0587T	PERQ IMPLT/RLCMT ISDNS PTN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0588T	REVISION/REMOVAL ISDNS PTN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0589T	ELEC ALYS SMPL PRGRMG IINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0590T	ELEC ALYS CPLX PRGRMG IINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0602T	TRANSODERMAL GFR MEASUREMENTS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0603T	TRANSODERMAL GFR MONITORING	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0615T	EYE MVMT ALYS W/O CALBRI I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0620T	EVASC VEN ARTIZ TIBU/PRNL VN	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0621T	TRABECULOSTOMY INTERNO LASER	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0622T	TRABECULOSTOMY INT LSR W/SCP	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0623T	AUTO QUANTIFICATION C PLAQUE	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0624T	AUTO QUAN C PLAQ DATA PREP	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0625T	AUTO QUAN C PLAQ CTR ALYS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0626T	AUTO QUAN C PLAQ I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0627T	PERQ NIX ALGC FLUOR LMBR 1ST	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0628T	PERQ NIX ALGC FLUOR LMBR EA	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0629T	PERQ NIX ALGC CT LMBR 1ST	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0630T	PERQ NIX ALGC CT LMBR EA	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0631T	TC VIS IUT HYPERSPECTRAL IMG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0632T	PERQ TCAT US ABLT/ NRV P-ART	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0639T	WRIS SKN SNR ANISOTROPY MEAS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0640T	NCNCT NR IFR SPECTRSC WND	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0641T	NCNCT NR IFR SPECTRSC WND IMG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0642T	NCNCT NR IFR SPECTRSC WND I&R	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0643T	TCAT L VENTR RSTRJ DEV IMPLT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0645T	TCAT IMPLT/ C SINS RDCVT DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0646T	TTV/RLCMT W/PRSTC VLV PERQ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0650T	PRGRMG DEV EVAL SCRMS REMOTE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0651T	MAG CTRLD CAPSULE ENDOSCOPY	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
0656T	VRT BDT TETHERING ANT <7 SEG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0657T	VRT BDT TETHERING ANT 8+ SEG	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0658T	Elec Impd Spectrsc 1+5kn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0664T	DON HYSTERECTOMY OPEN CVR	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0665T	DON HYSTERECTOMY OPEN LVL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0666T	DON HYSTERECTOMY LAPS VLV	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0667T	DON HYSTERECTOMY RCP UTER	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0668T	BKBENCH PREP DON UTER ALGRFT	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0669T	BKBENCH RCNSTJ DON UTER VEN	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0670T	BKBENCH RCNSTJ DON UTER ARTL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0672T	NDOVAG CRYG RF REMDL TISS	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0743T	B1 STR & FX RSK VRT FX ASSMT	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
0757T	ARTHRO SJ JT PRQ IARTIC IMPL	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
0783T	TC AURICULR NEUROSTIMULATION	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	EUI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023

0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	Add effective 07/01/2023
213AA	Proc/Treat/Equip/Ins/Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213BA	OTC Drugs Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213CA	Vision/Hear/Dental Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213FA	Corr Eye Surgery Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213GA	Premiums Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213HA	Copays Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213IA	Limited Purpose HCA Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213KA	Preventative Care Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213LA	Long Term Care Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9701A	NON-PRESCRIPTION DRUGS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0431	Rotary wing air transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0435	Fixed Wing Air Mileage Per Statute Mile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0436	Rotary wing air mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0888	Noncovered ambulance mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A2001	Innovamatrix ac per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2002	Mirragen adv wnd mat per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2004	Xcellistem 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2005	Microlyte matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2007	Restrata per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2011	Supra sdrn per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A2014	Omeza collag per 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A2015	Phoenix wnd mtrx per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A2016	Permeaderm b per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A2017	Permeaderm glove each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A2018	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A2018	Permeaderm c per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A4100	Skin sub fda clrd as dev nos	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4458	Reusable enema bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4553	Non-Disposable Underpads All Sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4554	Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4555	Ca te e-stim electr/transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4575	Hyperbaric o2 chamber disps	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4596	Ces system monthly supp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	-	Add effective 04/01/2023
A4596	Ces system monthly supp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	3/31/2023	Retire effective 03/31/2023
A4600	Sleeve inter limb com dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4639	Infrared ht sys reimplnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4890	Repair/maint cont hemo equip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9152	Single vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9153	Multi-vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9270	Non-covered item or service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9273	Hot/cold bottle/cap/cal/wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9285	Inversion eversion cor devic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A9291	Pres dig cog behav thera fida	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A9300	Exercise equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9698	Non-rad contrast materialNOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9699	Radiopharm rx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9900	Supply/accessory/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9999	DME supply or accessory nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
B9998	Enteral supp not otherwise c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
B9999	Parenteral supp not otherws c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C1052	Hemostatic agent g topic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C1761	Cath trans intra litho/coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1764	Event recorder cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1776	Joint device (implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1783	Ocular imp aqueous drain de	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1818	Integrated keratoplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1823	Gen neuro trans sens/stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C1825	Gen neuro carot sinus baro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1833	Cardiac monitor sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1889	Implant/insert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C2624	Wireless pressure sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C2698	Brachytx stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C2699	Brachytx non-stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C5271	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5272	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5273	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5274	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5275	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5276	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5277	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C5278	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
C9257	Bevacizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
C9354	Veritas collagen matrix cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9356	TenoGlide tendon prot cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9358	Dermal substitute native non-denatured collagen fetal bovine origin (Surg/Mend Collagen Matrix) per 0.5 square centimeters	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9360	Surg/Mend neonatal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9363	Integra Meshed Bil Wound Mat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9364	Porcine implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9399	Unclassified drugs or biologicals	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9740	Cysto impl 4 or more	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9757	Spine/lumbar disk surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9764	Revasc intravas lithotripsy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9765	Revasc intra lithotrip-stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9766	Revasc intra lithotrip-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9767	Revasc lithotrip-stent-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9769	Cysto w/temp prosr implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9770	Vitrex/mech pars subret inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9771	NS/sins cryo post nasal tts	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9772	Revasc lithotrip tib/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9773	Revasc lithotrip-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9774	Revasc lithotrip-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9777	Esophag muc integ w/eso grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9898	Implnt stay radiolabeled item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C9899	Implnt prost dev nos cov	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D0999	Unspecified diagnostic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/ 5Ml Im Dose 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

D1706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/5MI Im Dose 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D1999	unspecified preventive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D2999	unspecified restorative procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D3410	apicoectomy - anterior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D6199	unspecified implant procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D6999	unspecified fixed prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D7210	extraction erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D7220	removal of impacted tooth - soft tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D7230	removal of impacted tooth - partially bony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D7999	unspecified oral surgery procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D8210	removable appliance therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D8220	fixed appliance therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D8999	unspecified orthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D9999	unspecified adjunctive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E0183	Press underlay alter w/pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0210	Electric heat pad standard	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0217	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0221	Infrared heating pad system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0231	Wound warming device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0232	Warming card for NWT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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	Pediatric Crib Hospital Grade Fully Enclosed With Or Without Top Enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0315	Bed accessory brd/fb/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 Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0446	Topical Ox Deliver sys nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E0485	Oral device/appliance prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
E0486	Oral device/appliance cusfab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
E0487	Electronic spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0616	Cardiac event recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E0635	Patient Lift Electric With Seat Or Slng Combination Sit To Stand Frame/Table System Any Size	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0637	Including Pediatric With Seat Lift Feature With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0638	Standing Frame/Table System One Position (E.G. Upright Supine Or Prone Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0641	Standing Frame/Table System Multi-Position (E.G. Three-Way Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0642	Standing Frame/Table System Mobile (Dynamic Stander) Any Size Including Pediatric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0650	Pneuma compressor non-segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0651	Pneum compressor segmental	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0652	Pneum compress w/cal pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0655	Pneumatic appliance half arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0656	Segmental pneumatic trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0657	Segmental pneumatic chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0660	Pneumatic appliance full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0665	Pneumatic appliance full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0666	Pneumatic appliance half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0667	Seg pneumatic appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0668	Seg pneumatic appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0669	Seg pneumatic appli half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0670	Seg pneum int legs/trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0671	Pressure pneum appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0675	Pneumatic compression device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0676	Inter limb compress dev NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0691	Uvl pni 2 sq ft or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0692	Uvl sys panel 4 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0740	Non-implant pelv fir e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0747	Elec osteogen stim not spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0760	Osteogen ultrasound stimtor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0761	Nontherm electromgntc device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0762	Trans elec j stim dev sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0764	Functional neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0766	Elec stim cancer treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0769	Electric wound treatment dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0770	Functional electric stim NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0770	Functional electric stim NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E0830	Ambulatory traction device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0840	Tract frame attach headboard	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0849	Cervical pneum trac equip	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

E0850	Traction stand free standing	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0855	Cervical traction equipment	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0856	Cervic collar w air bladders	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0860	Tract equip cervical tract	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0890	Traction frame attach pelvic	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0936	CPM device other than knee	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0942	Cervical head harness/halter	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0944	Pelvic belt/harness/boot	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0985	W/c seat lift mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0986	Man w/c push-rim powr system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1002	Pwr seat tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1003	Pwr seat recline	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1004	Pwr seat recline mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1005	Pwr seat recline pwr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1006	Pwr seat combo w/o shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1007	Pwr seat combo w/shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1008	Pwr seat combo pwr shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1009	Add mech leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1010	Add pwr leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1012	Clr mount pwr elev leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1229	Pediatric wheelchair NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E1230	Power operated vehicle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1239	Ped power wheelchair NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E1629	Tablo for dialysis service	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1632	Wearable artificial kidney	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E1700	Jaw motion rehab system	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E1701	Repl cushions for jaw motion	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E1702	Repl measr scales jaw motion	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E2300	Pwr seat elevation sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2301	Pwr standing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2310	Electro connect btw control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2311	Electro connect btw 2 sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2312	Mini-prop remote joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2313	PWC harness expand control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2321	Hand interface joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2322	Multi mech switches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2323	Special joystick handle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2324	Chin cup interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2325	Sip and puff interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2326	Breath tube kit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2327	Head control interface mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2328	Head/extremity control inter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2329	Head control nonproportional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2330	Head control proximity switc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2331	Attendant control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2340	W/c width 20-23 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2341	W/c width 24-27 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2342	W/c dpth 20-21 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2343	W/c dpth 22-25 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2351	Electronic SGD interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2373	Hand/chin ctrl spec joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2374	Hand/chin ctrl std joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2375	Non-expandable controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2376	Expandable controller repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2377	Expandable controller initl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2500	SGD digitized pre-rec <=8min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2502	SGD prerec msg >8min <=20min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2504	SGD prerec msg >20min <=40min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2506	SGD prerec msg > 40 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2508	SGD spelling phys contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2510	SGD w multi methods msg/accs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2511	SGD swtfrw prgrm for PC/PDA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2512	SGD accessory mounting sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2599	SGD accessory noc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2610	Wheelchair Seat Cushion Powered	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0176	OPPS/PHP/activity therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0235	Pet imaging any site not otherwise specified	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
G0255	Current percep threshold tst	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0276	Plid/placebo control clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0277	Hbot Full Body Chamber 30M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
G0281	Elec stim unattnd for press	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0282	Elect stim wound care not pd	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0295	Electromagnetic therapy onc	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0329	Electromagntic tx for ulcers	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0341	Percutaneous islet celltrans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0342	Laparoscopy islet cell trans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g. CMI collagen scaffold Menaflex)	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g. as a result of highly active antiretroviral therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0460	Autolog prp not diab ulcer	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0465	Autolog prp diab wound ulcer	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2082	Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G2083	Visit esketamine > 56m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G8395	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8396	LVEF not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8404	Low extremity neur exam docum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8405	Low extremity neur not perfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8410	Eval on foot documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8415	Eval on foot not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8416	Pt inelig footwear evaluatio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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-service review.	-	-	-
G8421	Bmi not calculated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8427	Docrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8430	Doc med rsn no medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8431	Pos clin depres scrn f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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 pre-service review.	-	-	-
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8473	ACE/ARB thxpy rx7d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8474	Ace/arb not rx7d; doc reas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8475	ACE/ARB thxpy not rx7d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8476	Bp sys <140 and dias <90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
G9050	Oncology work-up evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9055	Onc visit unspecified NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9056	Onc prac mgmt adheres guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9057	Onc pract mgmt differs trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9058	Onc prac mgmt disagree w/gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9063	Onc dx nscic stg1 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9064	Onc dx nscic stg2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9065	Onc dx nscic stg3A no progre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9066	Onc dx nscic stg3B-4 metast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9067	Onc dx nscic dx unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9068	Onc dx sclc/nscic limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9069	Onc dx sclc/nscic ext at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9070	Onc dx sclc/nscic ext unkwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9079	Onc dx prostate T3b-T4noprogr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9083	Onc dx prostate unkwn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9084	Onc dx colon t1-3 n1-2 no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9085	Onc dx colon T4 NO w/o prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9091	Onc dx rectal T3 NO no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9092	Onc dx rectal T1-3 N1-2nopr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9095	Onc dx rectal extent unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9096	Onc dx esophag T1-T3 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9101	Onc dx gastric p R1-R2noprogr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9102	Onc dx gastric unresectable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9105	Onc dx pancreatc p R0 res no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9106	Onc dx pancreatc p R1/R2 no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9107	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9108	Onc dx pancreatic unknwn NOS	Non Covered: Procedure/service not covered by the 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.	-	-	-
G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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-service review.	-	-	-
G9115	Onc dx ovarian stg3/4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9116	Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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 accler phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9125	Onc dx CML blast phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9126	Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9128	Oncology; Disease Status; Limited To Multiple Myeloma Systemic Disease; Smoldering Stage I (For Use In A Medicare-Approved Demonstration Project)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9129	Onc dx multi myeloma stg2 hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9131	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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 NHLstg 1-2 no relap no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9135	Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9136	Onc dx NHL trans to Ig Bcell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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-service review.	-	-	-
G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous by any means guided by the results of measurements for: respiratory quotient; and/or urine urea nitrogen (UUN); and/or arterial venous or capillary glucose; and/or potassium concentration	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G9978	Remote E/M New Pt 10Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9980	Remote E/M New Pt 30 Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9981	Remote E/M New Pt 45Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9982	Remote E/M New Pt 60Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9983	Remote E/M Est. Pt 10Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9984	Remote E/M Est. Pt 15Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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-service review.	-	-	-
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
H0047	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J0129	Abatacept injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0172	Inj aducanumab-aww 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J0180	Injection Agalsidase Beta 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0202	Injection alemtuzumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0219	Inj aval alfa-nqpt 4mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0220	Alglucosidase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J0221	INJECTION ALGLUCOSIDASE ALFA (LUMIZYME) 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0222	Inj. patsiran 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0224	Inj. lumasiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0225	Inj vutrisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J0490	INJECTION BELIMUMAB 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0491	Inj anifrolumab-fnia 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0584	Injection bursumab-twza 1m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0598	C-1 esterase cinryze	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0638	Canakinumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0717	Certolizumab pegol inj 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0775	Collagenase clost hist inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0791	Inj orizalizumab-tmca 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0881	Darbepeotin alfa non-esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0888	Epoetin beta non esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1290	Ecallantide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1300	Eculizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1301	Injection edaravone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1302	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1303	Inj. ravulizumab-cvzw 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1305	Inj evincacumab-dgbn 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1306	Injection inclisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-



J1322	Elosulfase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1325	Epoprostenol injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1426	Injection casimersen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1427	Inj. vitrolarsen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1428	Inj eteplirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1429	Inj golodirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1458	Injection Galsulfase 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1551	Inj cutaquig 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1554	Inj. asceniv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1566	Immune globulin powder	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J1599	Ivlg non-lyophilized NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J1602	Golimimumab for iv use 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1632	Inj. brexanolone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J1743	Idursulfase injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1745	Infliximab not biosimil 10mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1746	Inj. ibalizumab-uyk 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1786	Injection Imiglucerase 10 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1823	Inj. inebilizumab-cdon 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1931	Injection Laronidase 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1951	Inj fenfovi 0.25 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1954	Leuprolide depot cipla 7.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	Add effective 04/01/2023
J2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2278	Ziconotide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2327	Inj risankizumab-raa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2350	Injection ocrelizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2357	Omalizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2440	Injection Papaverine Hcl Up To 60 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2503	Pegaptanib sodium injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2507	INJECTION PEGLOTICASE 1 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2777	Inj faricimab-svoa 0.1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2778	Injection Ranibizumab 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2779	Inj susvimo 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2786	Injection reslizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2840	Inj sebelipase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3032	Inj. eptinezumab-jimr 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3060	Injection Taliglucerase Alfa 10 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3121	Inj testosterone enanthate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3145	Testosterone undecanoate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3241	Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3245	Inj. tildrakizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3262	Tocilizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3285	Treprostinil injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3299	Inj xipere 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J3316	Inj. triptorelin w/ 3.75 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J3358	Ustekinumab iv inject 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3380	Injection vedolizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3385	Injection Velaglucerase Alfa 100 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3397	Inj. vestronidase alfa-uyjk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3399	Inj onase abepax-xioi treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3490	Drugs unclassified injection	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
J3520	Edetate disodium per 150 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J3570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J3590	Unclassified biologics	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
J3591	Esrn on dialysis drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7177	Inj. fibraya 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7178	Inj human fibrinogen con nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7199	Hemophilia clt factor noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7309	Methyl Aminolevulinate (Mal) For Topical Administration 16.8% 1 Gram	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7316	Injection Ocriplasmin 0.125 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7340	Carbidopa levodopa ent 100ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J7402	Mometasone sinus sinuva	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7599	Immunosuppressive drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7604	Acetylcysteine comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7607	Levalbuterol comp con	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7609	Albuterol comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7610	Albuterol comp con	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7615	Levalbuterol comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7622	Beclomethasone comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7624	Betamethasone comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7627	Budesonide comp unit	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-



K0861	PWC gp3 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0862	PWC gp3 hd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0863	PWC gp3 vhd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0864	PWC gp3 xhd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0868	PWC gp 4 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0869	PWC gp 4 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0870	PWC gp 4 hd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0871	PWC gp 4 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0877	PWC gp4 std sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0878	PWC gp4 std sing pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0885	PWC gp4 std mult pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0886	PWC gp4 hd mult pow s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0890	PWC gp5 ped sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0891	PWC gp5 ped mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0898	Power wheelchair NOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
K0899	Power mobil dev no dmpedac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K1002	Ces system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1003	Whirlpool Tub Walkin Portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
K1004	Lo freq us diathermy device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1007	Bil hfaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1018	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1020	Non-invasive vagus nerv stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K1023	Trans elec nerv reiphur nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1024	Non pneu comp control cal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1025	Non pneu compress full arm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
K1030	Ext recharge bat replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K1031	Non pneu comp control w/o ca	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1032	Non pneu seq comp full leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
K1033	Non pneu seq comp half leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L2006	Kaf Sng/Dbl Swg/Stm Mqpr Cus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L3040	Fl arch suprt premold longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3060	Foot arch supp longit/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3649	Orthopedic shoe modifia NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L3999	Upper limb orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L5857	Elec knee-shin swing only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5973	Ank-foot sys dors-plant flex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5999	Low extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L6026	Part hand myo exdu term dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6611	Additional switch ext power	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6880	ELECTRIC HAND SWITCH OR MYOELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS (INCLUDES MOTORS)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6920	Wrist disartic switch ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6925	Wrist disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6930	Below elbow switch control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6935	Below elbow myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6940	Elbow disarticulation switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6945	Elbow disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6950	Above elbow switch control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6955	Above elbow myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6960	Shldr disartic switch contro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6965	Shldr disartic myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6970	Interscapular-thor switch ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6975	Interscap-thor myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7008	Pediatric electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7009	Adult electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7040	Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7045	Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7170	Electronic elbow hosmer swit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7180	Electronic elbow sequential	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7181	Electronic elbow simultaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7185	Electron elbow adolescent sw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7186	Electron elbow child switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7190	Elbow adolescent myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7191	Elbow child myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7364	Twelve volt battery utah/equ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7366	Battery chrg 12 volt utah/e	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L8604	Dextranomer/hyaluronic acid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8605	Inj bulking agent anal canal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
L8606	Synthetic implnt urinary lml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8608	Arg ii ext com/sup/acc misc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
L8612	Aqueous shunt prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8614	Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8615	Coch Implant Headset Replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8616	Coch Implant Microphone Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

L8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8621	Repl Zinc Air Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8622	Repl Alkaline Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8623	Lith Ion Batt Cid Non-Earlv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8624	Lith Ion Batt Cid Ear Level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8628	Cid Ext Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8629	Cid Transmit Coil And Cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8690	Aud Osseo Dev Int/Ext Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8691	Aoi Snd Proc Repl Excl Actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8693	Aud Osseo Dev Abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
M0075	Cellular therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
P2031	Hair analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
P9020	Plaetlet rich plasma unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
P9099	Blood component/product noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0507	Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q0510	Dispens fee immunospressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q2026	Radiesse injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q2041	Axicabtagene ciloleucel car+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2042	Tisagenlecleucel car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2050	Doxorubicin inj 10mg	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
Q2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q2053	Brexucabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2055	Idecabtagene videucel car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2056	Ciltacabtagene car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q4082	Drug/bio NOC part B drug CAP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q4100	Skin substitute NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4101	Apilgraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4103	Oasis burn matrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4104	Integra BMWD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4105	Integra dtrt or omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4111	Gammagraft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4112	Cymetra injectable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4113	Graftjacket xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4114	Integra flowable wound matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4122	Dermacell awm porous sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4127	TALYMED PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4128	Flexhd/allopatc/hd/sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4130	STRATITICE TM PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4132	Grafix core grafixp core	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4133	Grafix stravax prime pl sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4134	hMatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4137	Amnioexcl biodecxl 1sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4139	Amnio or biomatrx inj 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4141	Alloskin ac 1 cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4148	Neon nexr ot or clarix cord	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-



Q4250	Amnioamp-mp per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4251	Vim per square centimeter	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4252	Vendaje per square centim	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4253	Zenith amniotic membrane psc	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4254	Novafix dl per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4255	Reguard topical use per sq	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4256	Mlg complet per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4257	Release per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4258	Enverse per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4259	Celera per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4260	Signature apatch per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4261	Tag per square centimeter	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4262	Dual layer impax per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
Q4263	Surgraft tl per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
Q4264	Cocoon membrane per sq cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q5103	Injection infecta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5104	Injection inflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5106	Inj retaricid non-esrd use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5124	Inj. byovoz 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0013	Esketamine nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0117	Tretinoin topical 5 g	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0142	Colistimethate inh sol mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0157	Becaplermin gel 1% 0.5 gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
S0197	Prenatal vitamins 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0310	Hospitalist Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0320	RN telephone calls to DMP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S0622	Phys exam for college	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0800	Laser in situ keratomileusis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S1001	Deluxe item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S1091	Stent non-coronary propel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2083	Adjustment gastric band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2112	Knee arthroscop harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2117	Arthroereisis subaltar	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S2118	Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2120	Low Density Lipoprotein(Ldl)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
S2140	Cord blood harvesting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2142	Cord blood-derived stem-cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2150	BMT harv/transpl 28d pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2202	Echocardiography	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2230	Implant semi-imp hear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2235	Implant auditory brain imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2300	Arthroscopy shoulder surgi	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S2411	Fetoscop laser ther TTTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2900	Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S3600	Stat lab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S3650	Saliva test hormone level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3652	Saliva test hormone level;	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3900	Surface EMG	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S4015	Complete IVF nos case rate	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S4023	Incompl donor egg case rate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4025	Donor serv IVF case rate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4026	Procure donor sperm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4027	Store prev froz embryos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4030	Sperm procure init visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4031	Sperm procure subs visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4040	Monit store cryo embryo 30 d	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S4990	Nicotine patch legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4991	Nicotine patch nonlegend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4995	Smoking cessation gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5035	Hit Routine Device Maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5036	Hit Device Repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5100	Adult daycare services 15min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5101	Adult day care per half day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5102	Adult day care per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5105	Centerbased day care perdiem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5108	Homecare train pt 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5109	Homecare train pt session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5110	Family homecare training 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5111	Family homecare train/session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5115	Nonfamily homecare train/15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5116	Nonfamily HC train/session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5120	Chore services per 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5121	Chore services per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5125	Attendant care service /15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5130	Homaker service nos per 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5131	Homemaker service nos /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5135	Adult companioncare per 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-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.	-	-	-
S5141	Adult foster care per month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5145	Child fostercare th per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

55146	Ther fostercare child /month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55150	Unskilled respite care /15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55151	Unskilled respitcare /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55160	Emer response sys instal&st	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55161	Emer rspns sys serv permnth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55162	Emer rspns system purchase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55165	Home modifications per serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55181	HH respiratory thryp nos/day	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
55185	Med reminder serv per month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55199	Personal care item nos each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55497	HIT cath care noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
58035	Magnetic source imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
58130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
58131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
58189	Trach supply noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
58270	Enuresis alarm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
58301	Infect control supplies NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
58460	Camisole post-mast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
58930	Auricular electrostimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
58940	Hippotherapy per session	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
58948	Low-level laser trmt 15 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
58990	Pt or manip for maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
59056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
59090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
59117	Back school visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59125	Respite care in the home p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59335	HT hemodialysis diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59436	Lamaze class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59437	Childbirth refresher class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59438	Cesarean birth class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59439	VBAC class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59442	Birthing class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59444	Parenting class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59445	PT education noc individ	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59446	PT education noc group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59447	Infant safety class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59451	Exercise class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59454	Stress mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59472	Cardiac rehabilitation progr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59482	Family stabilization 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59542	HT inj noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59558	HT inj growth horm diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59562	HT inj palivizumab diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59810	HT pharm per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59900	Christian Sd Pract visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59970	Health club membership yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59976	Lodging per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59977	Meals per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59981	Med record copy admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59982	Med record copy per page	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59986	Not medically necessary svc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59988	Serv part of phase I trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59990	Services provided as part of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59991	Services provided as part of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59992	Transportation costs to and	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59996	Meals for clinical trial par	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59999	Sales tax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1014	Telehealth transmit per min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1505	Elec med comp dev noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T1999	NOC retail items andsupplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2012	Habil ed waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2013	Habil ed waiver per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2014	Habil prevoc waiver per d	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2015	Habil prevoc waiver per hr	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2016	Habil res waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2017	Habil res waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2018	Habil sup empl waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2020	Day habil waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2021	Day habil waiver per 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2024	Serv asmt/care plan waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2025	Waiver service nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-