

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

Posted July 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/

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

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

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

Code	Code	Code Group & Description	Effective	<b>Ending Date</b>	Update
	Description		Date		
0640	ANESTH SPINE	MP Criteria: Procedure/service reviewed against Medical Policy			
	MANIPULATION	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0797	ANESTH SURGERY	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	FOR OBESITY	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7957	Weight Loss	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
		subject to pre-service review.			
.1200	REMOVAL OF SKIN	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	TAGS <w 15<="" td=""><td>subject to pre-service review.</td><td></td><td></td><td></td></w>	subject to pre-service review.			
1201	REMOVE SKIN TAGS	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	ADD-ON	subject to pre-service review.			
1920	Correct Skin Color	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	6.0 Cm/<	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
1921	Correct Skn Color	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	6.1-20.0Cm	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
1922	Correct Skin Color	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Ea 20.0Cm	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
1950	TX CONTOUR	MP Criteria: Procedure/service reviewed against Medical Policy	_		_
	DEFECTS 1 CC/<	Criteria. Submit for Recommended Clinical Review	-	_	_
		(Predetermination) to avoid post-service review.			
1951	TX CONTOUR	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
11952	TX CONTOUR	MP Criteria: Procedure/service reviewed against Medical Policy			
	DEFECTS 5.1-10CC	Criteria. Submit for Recommended Clinical Review	_	_	_
	DE1 2010 3.1 1000	(Predetermination) to avoid post-service review.			
1954	TX CONTOUR	MP Criteria: Procedure/service reviewed against Medical Policy			
200.	DEFECTS >10.0 CC	Criteria. Submit for Recommended Clinical Review	_	_	_
	DE1 2013 / 10.0 CC	(Predetermination) to avoid post-service review.			
1960	INSERT TISSUE	MP Criteria: Procedure/service reviewed against Medical Policy			
2500	EXPANDER(S)	Criteria. Submit for Recommended Clinical Review	_	_	_
	EXI ANDEN(5)	(Predetermination) to avoid post-service review.			
1970	RPLCMT TISS	MP Criteria: Procedure/service reviewed against Medical Policy			
1370	XPNDR PERM	Criteria. Submit for Recommended Clinical Review	_	_	_
	IMPLT	(Predetermination) to avoid post-service review.			
1980	IMPLANT	MP Criteria: Procedure/service reviewed against Medical Policy			
1500	HORMONE	Criteria. Submit for Recommended Clinical Review	-	_	_
	PELLET(S)	(Predetermination) to avoid post-service review.			
5271	Skin Sub Graft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023		Add effective
3271	Trnk/Arm/Leg	Criteria. Submit for Recommended Clinical Review	4/1/2023	-	04/01/2023
	TTIK/ATTI/Leg	(Predetermination) to avoid post-service review.			04/01/2023
5272	Skin Sub Graft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023		Add effective
3272	T/A/L Add-On	Criteria. Submit for Recommended Clinical Review	4/1/2023	_	04/01/2023
	I/A/L Auu-OII				04/01/2023
5273	Skin Sub Grft	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023		Add effective
3273			4/1/2023	_	
	T/Arm/Lg Child	Criteria. Submit for Recommended Clinical Review			04/01/2023
.274	Class Cooks Cooks ± / a /s	(Predetermination) to avoid post-service review.	4/1/2022		۸ طاط مطلع میا
5274	Skn Sub Grft T/A/L	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	-	Add effective
	Child Add	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.	. / . /		
5275	Skin Sub Graft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	-	Add effective
	Face/Nk/Hf/G	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
5276	Skin Sub Graft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_	Add effective
	F/N/Hf/G Addl	Criteria. Submit for Recommended Clinical Review			04/01/2023

	CL C L C C	140 C 11	1/1/2022		A 1.1 CC
15277	Skn Sub Grft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_	Add effective
	F/N/Hf/G Child	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
15278	Skn Sub Grft	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_	Add effective
	F/N/Hf/G Ch Add	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
15758	FREE FASCIAL FLAP	MP Criteria: Procedure/service reviewed against Medical Policy	_		
	MICROVASC	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15769	GRFG AUTOL SOFT	MP Criteria: Procedure/service reviewed against Medical Policy			
13703	TISS DIR EXC	Criteria. Submit for Recommended Clinical Review	_	_	_
	1133 DIN LAC				
15771	GRFG AUTOL FAT	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy			
15//1		,	-	-	_
	LIPO 50 CC/<	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L5772	GRFG AUTOL FAT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	LIPO EA ADDL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15775	HAIR TRNSPL 1-15	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PUNCH GRFTS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15776	HAIR TRNSPL >15	MP Criteria: Procedure/service reviewed against Medical Policy			
	PUNCH GRAFTS	Criteria. Submit for Recommended Clinical Review	_	_	_
	1 ONCH GIVAL 15	(Predetermination) to avoid post-service review.			
5780	DERMABRASION	MP Criteria: Procedure/service reviewed against Medical Policy			
13760		- · · · · · · · · · · · · · · · · · · ·	_	_	_
	TOTAL FACE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
l5781	DERMABRASION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SEGMENTAL FACE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15782	DERMABRASION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	OTHER THAN FACE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15783	DERMABRASION	MP Criteria: Procedure/service reviewed against Medical Policy			
	SUPRFL ANY SITE	Criteria. Submit for Recommended Clinical Review	_	_	_
	301 M LAW 311L	(Predetermination) to avoid post-service review.			
15786	ABRASION LESION	MP Criteria: Procedure/service reviewed against Medical Policy			
13780			_	_	_
	SINGLE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L5787		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	ADD-ON	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15788	CHEMICAL PEEL	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	FACE EPIDERM	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15789	CHEMICAL PEEL	MP Criteria: Procedure/service reviewed against Medical Policy			
	FACE DERMAL	Criteria. Submit for Recommended Clinical Review	_	_	_
	TACE DENIVIAL				
.5792	CHEMICAL PEEL	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy			
13/32			_	-	-
	NONFACIAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
.5793	CHEMICAL PEEL	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	NONFACIAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
.5820	REVISION OF	MP Criteria: Procedure/service reviewed against Medical Policy	_		_
	LOWER EYELID	Criteria. Submit for Recommended Clinical Review		=	=
		(Predetermination) to avoid post-service review.			
15821	REVISION OF	MP Criteria: Procedure/service reviewed against Medical Policy			
13021		- · · · · · · · · · · · · · · · · · · ·	_	_	_
	LOWER EYELID	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15022					
15822	REVISION OF UPPER EYELID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	-	-

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15823	REVISION OF UPPER	MP Criteria: Procedure/service reviewed against Medical Policy	_		
	EYELID	Criteria. Submit for Recommended Clinical Review	_	_	_
	LILLID				
		(Predetermination) to avoid post-service review.			
15824	REMOVAL OF	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	FOREHEAD	Criteria. Submit for Recommended Clinical Review			
	WRINKLES	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
15825	REMOVAL OF NECK	MP Criteria: Procedure/service reviewed against Medical Policy			
13023			_	_	-
	WRINKLES	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15826	REMOVAL OF	MP Criteria: Procedure/service reviewed against Medical Policy			
	BROW WRINKLES	Criteria. Submit for Recommended Clinical Review	_	_	_
	BROW WRITEES				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
15828	REMOVAL OF FACE	MP Criteria: Procedure/service reviewed against Medical Policy			
13020			-	-	-
	WRINKLES	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15829	REMOVAL OF SKIN	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	WRINKLES				
		(Predetermination) to avoid post-service review.			
15830	EXC SKIN ABD	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
15832	EXCISE EXCESSIVE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SKIN THIGH	Criteria. Submit for Recommended Clinical Review			_
	SKIN THIGH				
		(Predetermination) to avoid post-service review.			
15833	EXCISE EXCESSIVE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SKIN LEG	Criteria. Submit for Recommended Clinical Review			
	5 <u>22</u> 6				
		(Predetermination) to avoid post-service review.			
15834	EXCISE EXCESSIVE	MP Criteria: Procedure/service reviewed against Medical Policy		_	_
	SKIN HIP	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
45005	EVOICE EVOESSIVE				
15835	EXCISE EXCESSIVE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SKIN BUTTCK	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
45026	EVOICE EVOECON (E				
15836	EXCISE EXCESSIVE	MP Criteria: Procedure/service reviewed against Medical Policy	_	=.	-
	SKIN ARM	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15837	EVCISE EVCESS SKINI	MP Criteria: Procedure/service reviewed against Medical Policy			
13037			-	-	_
	ARM/HAND	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15838	EXCISE EXCESS SKIN	MP Criteria: Procedure/service reviewed against Medical Policy			
13636			_	_	_
	FAT PAD	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15839	EXCISE EXCESS SKIN	MP Criteria: Procedure/service reviewed against Medical Policy			
13033			-	-	-
	& TISSUE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15847	FXC SKIN ARD ADD-	MP Criteria: Procedure/service reviewed against Medical Policy			
130 17			-	-	_
	ON	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
15876	SUCTION	MP Criteria: Procedure/service reviewed against Medical Policy			
			_	_	_
	LIPECTOMY	Criteria. Submit for Recommended Clinical Review			
	HEAD&NECK	(Predetermination) to avoid post-service review.			
15877	SUCTION	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	LII LCTOWIT INOINK				
		(Predetermination) to avoid post-service review.			
15878	SUCTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	LIPECTOMY UPR	Criteria. Submit for Recommended Clinical Review	_	_	
	EXTREM	(Predetermination) to avoid post-service review.			
15879	SUCTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	LIPECTOMY LWR	Criteria. Submit for Recommended Clinical Review	_	_	_ <del>.</del>
	EXTREM	(Predetermination) to avoid post-service review.			
15999	UNLISTED PX EXC	Unlisted: Procedure/service not specifically defined or classified,	_	_	
	PRESSURE ULC	maybe subject to contract/clinical review.			
	I NESSONE SEC				

17106	DESTRUCTION OF	MP Criteria: Procedure/service reviewed against Medical Policy			
	SKIN LESIONS	Criteria. Submit for Recommended Clinical Review	_	_	_
	SKIN ELSIONS				
		(Predetermination) to avoid post-service review.			
17107	DESTRUCTION OF	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SKIN LESIONS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
17108	DESTRUCTION OF				
1/108		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	SKIN LESIONS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
17340	CRYOTHERAPY OF	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
		pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
		Payment and Coding Policy (CPCP).			
17360	SKIN PEEL THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
17380	HAIR REMOVAL BY	MP Criteria: Procedure/service reviewed against Medical Policy			
17300		-	-	-	-
	ELECTROLYSIS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
17999	UNLISTD PX SKN	Unlisted: Procedure/service not specifically defined or classified,			
		maybe subject to contract/clinical review.	_	_	_
10105					
19105		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	FA EACH	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19300	REMOVAL OF	MP Criteria: Procedure/service reviewed against Medical Policy			
23333	BREAST TISSUE	Criteria. Submit for Recommended Clinical Review	_	_	_
	BREAST TISSUE				
		(Predetermination) to avoid post-service review.			
19303	MAST SIMPLE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	COMPLETE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19316	SUSPENSION OF	MP Criteria: Procedure/service reviewed against Medical Policy			
19310		,	-	-	-
	BREAST	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy			
13310	Breast neaderion	,	-	_	-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
19325	BREAST	MP Criteria: Procedure/service reviewed against Medical Policy			
	AUGMENTATION	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
	· · · · · · · · · · · · · · · · · · ·				
19328	RMVL INTACT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	BREAST IMPLANT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19330	RMVL RUPTURED	MP Criteria: Procedure/service reviewed against Medical Policy			
13330		,	-	_	-
	BREAST IMPLANT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19340	INSJ BREAST IMPLT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SM D MAST	Criteria. Submit for Recommended Clinical Review			
	5 D 1111 151				
10040	WIGHTON: 02 05	(Predetermination) to avoid post-service review.			
19342	INSJ/RPLCMT BRST	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	IMPLT SEP D	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19350	BREAST	MP Criteria: Procedure/service reviewed against Medical Policy			
			_	_	_
	RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
19355	CORRECT INVERTED	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
19355		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	_	_
19355	NIPPLE(S)	Criteria. Submit for Recommended Clinical Review	_	_	_
	NIPPLE(S)	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	_
19355	NIPPLE(S)  TISS XPNDR PLMT	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	_	-	_
	NIPPLE(S)	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	NIPPLE(S)  TISS XPNDR PLMT	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
19357	NIPPLE(S)  TISS XPNDR PLMT  BRST RCNSTJ	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	NIPPLE(S)  TISS XPNDR PLMT BRST RCNSTJ  REVJ PERI-IMPLT	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
19357	NIPPLE(S)  TISS XPNDR PLMT  BRST RCNSTJ	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

19371	PERI-IMPLT CAPSLC	MP Criteria: Procedure/service reviewed against Medical Policy			
	BRST COMPL	Criteria. Submit for Recommended Clinical Review	_	-	_
	BK31 COMPL				
		(Predetermination) to avoid post-service review.			
19499	UNLISTED	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PROCEDURE	Criteria. Submit for Recommended Clinical Review			
	BREAST	(Predetermination) to avoid post-service review.			
	BREAST	·			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
20527	INJ DUPUYTREN	MP Criteria: Procedure/service reviewed against Medical Policy			
2002/			_	_	-
	CORD W/ENZYME	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
20560	NDL INSJ W/O NJX	EIU: Procedure/service not reimbursed by the Plan. Not subject to			_
	1 OR 2 MUSC	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	1 011 2 111030				
		Payment and Coding Policy (CPCP).			
20561	NDL INSJ W/O NJX	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	3+ MUSC	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
20002	4 D. 4 T. 5 D. 0.1 E				
20983	ABLATE BONE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TUMOR(S) PERQ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
20985	CDTD_ASST DID MS	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
20965			-	-	-
	PX	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
20999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
20333			-	-	-
	MUSCSKEL	maybe subject to contract/clinical review.			
	GENERAL				
21073	MNPJ OF TMJ	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	W/ANESTH				
		(Predetermination) to avoid post-service review.			
21089	UNLISTED MAXLFCL	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROSTH PX	maybe subject to contract/clinical review.			
		may be subject to contract, content			
21120		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
21120		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	-	-
21120	RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review	-	-	-
	RECONSTRUCTION OF CHIN	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21120	RECONSTRUCTION OF CHIN RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	RECONSTRUCTION OF CHIN	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	RECONSTRUCTION OF CHIN RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
21121	RECONSTRUCTION OF CHIN RECONSTRUCTION OF CHIN	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
21121	RECONSTRUCTION OF CHIN RECONSTRUCTION OF CHIN	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
21121	RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  RECONSTRUCTION	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	- -	-	-
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21121 21122 21123	RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  Augmentation	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - -	- - -	-
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21121 21122 21123 21125 21127 21145	RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  RECONSTRUCTION OF CHIN  AUGMENTATION Augmentation Lower Jaw Bone  Lefort I-1 Piece W/ Graft  Lefort I-2 Piece W/ Graft  Lefort I-3/> Piece	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  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.  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.  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.  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.  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.  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.			

21150					
	Lefort li Anterior	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Intrusion	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
21151	Lefort li W/Bone	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Grafts	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
21154	Lefort Iii W/O Lefort	MP Criteria: Procedure/service reviewed against Medical Policy			
	1	Criteria. Submit for Recommended Clinical Review	_	_	_
	'	(Predetermination) to avoid post-service review. Prior Authorization			
		·			
21155	Lofort III W// Lofort I	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy			
21133	Leioit III VV/ Leioit I	Criteria. Submit for Recommended Clinical Review	-	-	-
		(Predetermination) to avoid post-service review. Prior Authorization			
21150	1 afa at 1:: \A//Elad/O	may be required per contract agreement.			
21159		MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
	Lefort I	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
21160	•	MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
	Lefort I	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
		may be required per contract agreement.			
21188	Reconstruction Of	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Midface	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
21206	Reconstruct Upper	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Jaw Bone	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
21208	Augmentation Of	MP Criteria: Procedure/service reviewed against Medical Policy			
	Facial Bones	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement			
21209	Reduction Of Facial	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy			
21209		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
21209		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization	-	-	_
	Bones	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.	-	-	-
21209	Bones RECONSTRUCTION	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. Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
21248	RECONSTRUCTION OF JAW	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	RECONSTRUCTION OF JAW RECONSTRUCTION	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
21248	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
21248	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified,	-	-	-
21248	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -	- - -	- - -
21248 21249 21299	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - -	- - -	- - -
21248	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified,	- - -	- - -	- - -
21248 21249 21299	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - -	- - -	- - -
21248 21249 21299 21499	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - -	- - - -	- - -
21248 21249 21299	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified,	- - - -	- - - -	- - -
21248 21249 21299 21499	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD	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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - - -	- - - -	- - - -
21248 21249 21299 21499	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy &	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	- - - -	- - - -	- - - -
21248 21249 21299 21499	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy &	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - - -	- - - -	- - - -
21248 21249 21299 21499 21685	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	- - - -		- - - -
21248 21249 21299 21499 21685	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,	- - - -	- - - -	- - - -
21248 21249 21299 21499 21685 21899	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - - - -		- - - - -
21248 21249 21299 21499 21685 21899	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review  Criteria. Submit for Recommended Clinical Review			
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21248 21249 21299 21499 21685 21899 22505	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF SPINE	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
21248 21249 21299 21499 21685 21899 22505	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF SPINE	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical			
21248 21249 21299 21499 21685 21899 22505	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF SPINE IDET SINGLE 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
21248 21249 21299 21499 21685 21899 22505	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF SPINE IDET SINGLE 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to			
21248 21249 21299 21499 21685 21899 22505	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW UNLISTED CRANFCL&MAXLFC L PX UNLISTED MUSCSKEL PX HEAD Hyoid Myotomy & Suspension UNLISTED PX NECK/THORAX MANIPULATION OF SPINE IDET SINGLE 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			

22586	ARTHRD PRE-SAC	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	NTRBDY L5-S1	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	MINDDI LD-31				
22067	INCLETABLEBEY	Payment and Coding Policy (CPCP).			
22867	INSJ STABLJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	W/DCMPRN	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
22868	INSJ STABLJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	W/DCMPRN	pre-service review. Check EIU policy, which is one of our Clinical			
	·	Payment and Coding Policy (CPCP).			
22869	INSJ STABLJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
22005	W/O DCMPRN	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	W/O DCIVIPKIN				
		Payment and Coding Policy (CPCP).			
22870	INSJ STABLJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	W/O DCMPRN	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
22899	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE SPINE	maybe subject to contract/clinical review.			
22999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
22333	ABDOMEN	maybe subject to contract/clinical review.	_	_	-
		maybe subject to contract/clinical review.			
2222	MUSCSKEL	1100 ii i			
23929	UNLISTED	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	PROCEDURE	Criteria. Submit for Recommended Clinical Review			
	SHOULDER	(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
24300	MNPJ ELBOW	MP Criteria: Procedure/service reviewed against Medical Policy			
- 1000	UNDER ANES	Criteria. Submit for Recommended Clinical Review	_	_	_
	ONDER AIRES				
24000	LIMILICATED DV	(Predetermination) to avoid post-service review.			
24999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	HUMERUS/ELBOW	maybe subject to contract/clinical review.			
25259	MANIPULATE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	WRIST	Criteria. Submit for Recommended Clinical Review			
	W/ANESTHES	(Predetermination) to avoid post-service review.			
25999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
	FOREARM/WRIST	maybe subject to contract/clinical review.	_	_	-
26340	MANIPULATE	MP Criteria: Procedure/service reviewed against Medical Policy			
20340			-	-	-
	FINGER W/ANESTH	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
26341	MANIPULAT PALM	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CORD POST INJ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
26989	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	HANDS/FINGERS	maybe subject to contract/clinical review.			
27275		MP Criteria: Procedure/service reviewed against Medical Policy			
2,2,3	HIP JOINT	Criteria. Submit for Recommended Clinical Review	_	_	_
	TIII JOHNT				
27200	A DTUD CLUT ODAL	(Predetermination) to avoid post-service review.		0/20/2022	Darling official and
27280	ARTHR SI JT OPN	MP Criteria: Procedure/service reviewed against Medical Policy	_	9/30/2023	Retire effective
	B1GRF INSTRM	Criteria. Submit for Recommended Clinical Review			9/30/2023
		(Predetermination) to avoid post-service review.			
27299	UNLISTED PX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PELVIS/HIP JOINT	Criteria. Submit for Recommended Clinical Review			
	•	(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		·			
27500	LIMILICATED DV	or classified, maybe subject to contract/clinical review.			
27599	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	FEMUR/KNEE	maybe subject to contract/clinical review.			
27703	RECONSTRUCTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ANKLE JOINT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
27860	FIXATION OF ANKI F	MP Criteria: Procedure/service reviewed against Medical Policy			
555		Criteria. Submit for Recommended Clinical Review	-	_	_
	JOINT				
27000		(Predetermination) to avoid post-service review.			
27899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	LEG/ANKLE	maybe subject to contract/clinical review.			

28890	HI ENRGY ESWT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	PLANTAR FASCIA	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
28899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
20033	FOOT/TOES		-	-	_
20440		maybe subject to contract/clinical review.			
29440		Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	To Cast	subject to pre-service review.			
29799	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	-
	CASTING/STRPG	maybe subject to contract/clinical review.			
29866	AUTGRFT IMPLNT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	KNEE W/SCOPE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
2004.4	LUD ADTUDO	AAD Collection December 1 and the state of t			
29914	HIP ARTHRO	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/FEMOROPLASTY	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
29915	HIP ARTHRO	MP Criteria: Procedure/service reviewed against Medical Policy			
23323		Criteria. Submit for Recommended Clinical Review	_	_	_
	ACLIABOLOI LASTI				
		(Predetermination) to avoid post-service review.			
29916	HIP ARTHRO	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/LABRAL REPAIR	Criteria. Submit for Recommended Clinical Review			
	•	(Predetermination) to avoid post-service review.			
		<u> </u>			
29999	UNLISTED PX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ARTHROSCOPY	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
30468	RPR NSL VLV	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
		pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	COLLAI SE W/IIVII EI	Payment and Coding Policy (CPCP).			
30469	DDD NCL VIV		1 /1 /2022		Add effective
30403	RPR NSL VLV	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	
30403	COLLAPSE	pre-service review. Check EIU policy, which is one of our Clinical	1/1/2023	_	01/01/2023
	COLLAPSE W/RMDLG	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	_	
30999	COLLAPSE W/RMDLG UNLISTED	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified,	- -		
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30999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	
30999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE UNLISTED PX	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified,	-	-	
30999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may	-	-	
30999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE UNLISTED PX	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified,	-	-	
30999 31299	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE UNLISTED PX	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may	-	-	
30999 31299	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified,	- -	-	
30999 31299	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.		-	
30999 31299 31599	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - -	- - -	
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30999 31299 31599 31899	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- - -	- - -	
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30999 31299 31599 31899	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - -	-	
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30999 31299 31599 31899	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - - -	- - -	
30999 31299 31599 31899	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewe.		- - -	
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30999 31299 31599 31899 32994 32998 32999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - -	
30999 31299 31599 31899 32994 32998 32999	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - -	
30999 31299 31599 31899 32994 32998 32999 33211	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL  EXCL LAA OPEN ANY METHOD	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - -	
30999 31299 31599 31899 32994 32998 32999 33211	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL  EXCL LAA OPEN ANY METHOD	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - -	
	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL  EXCL LAA OPEN ANY METHOD	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - - -	
30999 31299 31599 31899 32994 32998 33211	COLLAPSE W/RMDLG UNLISTED PROCEDURE NOSE  UNLISTED PX ACCESSORY SINUS  UNLISTED PROCEDURE LARYNX UNLISTED PX TRACHEA BRONCHI  ABLATE PULM TUMOR PERQ CRYBL ABLATE PULM TUMOR PERQ RF  UNLISTED PX LUNGS & PLEURA INSERT CARD ELECTRODES DUAL  EXCL LAA OPEN ANY METHOD	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		- - - - - - -	

33269	EXCL LAA THRSCP	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ANY METHOD	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
33274	TCAT INSJ/RPL	MP Criteria: Procedure/service reviewed against Medical Policy			
	PERM LDLS PM	Criteria. Submit for Recommended Clinical Review	_	_	_
	T ERRIVI EDES T IVI				
22275	Total Book I Book I allo	(Predetermination) to avoid post-service review.			
33275		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Pm W/Img	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
33285	INSJ SUBQ CAR	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	RHYTHM MNTR	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
33418	REPAIR TCAT	MP Criteria: Procedure/service reviewed against Medical Policy			
00.120	MITRAL VALVE	Criteria. Submit for Recommended Clinical Review	_	_	_
	WITHAL VALVE				
22440	DEDAID TOAT	(Predetermination) to avoid post-service review.			
33419	REPAIR TCAT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	MITRAL VALVE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
33542	Removal Of Heart	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Lesion	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
33999	UNLISTED PX	MP Criteria: Procedure/service reviewed against Medical Policy			
33333	CARDIAC SURGERY	Criteria. Submit for Recommended Clinical Review	_	_	-
	CARDIAC SURGERY				
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
36299	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	VASCULAR NJX	maybe subject to contract/clinical review.			
36465	NJX NONCMPND	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SCLRSNT 1 VEIN	Criteria. Submit for Recommended Clinical Review	_	_	_
	302.13.11 2 72.11	(Predetermination) to avoid post-service review.			
36466	NJX NONCMPND	MP Criteria: Procedure/service reviewed against Medical Policy			
30400			_	_	_
	SCLRSNT MLT VN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36468	NJX SCLRSNT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SPIDER VEINS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36470	NJX SCLRSNT 1	MP Criteria: Procedure/service reviewed against Medical Policy			
	INCMPTNT VEIN	Criteria. Submit for Recommended Clinical Review	_	_	<del>-</del>
		(Predetermination) to avoid post-service review.			
36471	NIIV CCI DCNIT NALT	·			
304/1	NJX SCLRSNT MLT	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	INCMPTNT VN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36473	ENDOVENOUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	MCHNCHEM 1ST	pre-service review. Check EIU policy, which is one of our Clinical			
	VEIN	Payment and Coding Policy (CPCP).			
36474	ENDOVENOUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	MCHNCHEM ADD-	pre-service review. Check EIU policy, which is one of our Clinical	-	-	_
26475	ON	Payment and Coding Policy (CPCP).			
36475	ENDOVENOUS RF	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	1ST VEIN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36476	ENDOVENOUS RF	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	
	VEIN ADD-ON	Criteria. Submit for Recommended Clinical Review			
	<del></del>	(Predetermination) to avoid post-service review.			
36478	ENDOVENOUS	MP Criteria: Procedure/service reviewed against Medical Policy			
JU470			_	_	-
	LASER 1ST VEIN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36479	ENDOVENOUS	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	LASER VEIN ADDON	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
36482	ENDOVEN THER	MP Criteria: Procedure/service reviewed against Medical Policy			
	CHEM ADHES 1ST	Criteria. Submit for Recommended Clinical Review	_	_	_
I	CULINI VOLIED 191				
l .		(Predetermination) to avoid post-service review.			

36483	ENDOVEN THER	MP Criteria: Procedure/service reviewed against Medical Policy			
70 103		Criteria. Submit for Recommended Clinical Review	_	_	_
	CHEW ADHES SBSQ	(Predetermination) to avoid post-service review.			
6516	Apheresis	MP Criteria: Procedure/service reviewed against Medical Policy			
00310	Immunoads Slctv	Criteria. Submit for Recommended Clinical Review	-	-	-
	IIIIIIuiioaus Sictv				
		(Predetermination) to avoid post-service review. Prior Authorization			
5005	DDG 41/ 55TL CDT/	may be required per contract agreement.	1/1/2022		A 1.1 CC
36836	PRQ AV FSTL CRTJ	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	Add effective
	UXTR 1 ACS	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
36837	PRQ AV FSTL CRT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	Add effective
	UXTR SEP ACS	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
36522	PHOTOPHERESIS	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7215	TRANSCATH STENT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CCA W/EPS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7216	TRANSCATH STENT	MP Criteria: Procedure/service reviewed against Medical Policy			
	CCA W/O EPS	Criteria. Submit for Recommended Clinical Review	_	_	_
	, .	(Predetermination) to avoid post-service review.			
7217	STENT PLACEMT	MP Criteria: Procedure/service reviewed against Medical Policy			
	RETRO CAROTID	Criteria. Submit for Recommended Clinical Review	_	_	_
	KETKO CAKOTID	(Predetermination) to avoid post-service review.			
7218	STENT PLACEMT	MP Criteria: Procedure/service reviewed against Medical Policy			
7/210			_	_	_
	ANTE CAROTID	Criteria. Submit for Recommended Clinical Review			
72.44	1/466	(Predetermination) to avoid post-service review.			
7241	VASC	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	•	Criteria. Submit for Recommended Clinical Review			
	E VENOUS	(Predetermination) to avoid post-service review.			
37242	VASC	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EMBOLIZE/OCCLUD	Criteria. Submit for Recommended Clinical Review			
	E ARTERY	(Predetermination) to avoid post-service review.			
7243	VASC	MP Criteria: Procedure/service reviewed against Medical Policy		_	_
	EMBOLIZE/OCCLUD	Criteria. Submit for Recommended Clinical Review			
	E ORGAN	(Predetermination) to avoid post-service review.			
37244	VASC	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EMBOLIZE/OCCLUD	Criteria. Submit for Recommended Clinical Review			
	E BLEED	(Predetermination) to avoid post-service review.			
37501	UNLISTED VASC	Unlisted: Procedure/service not specifically defined or classified,			
	ENDOSCOPY PX	maybe subject to contract/clinical review.	_	_	_
7500	ENDOSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	LIGATE I EM VEINS	(Predetermination) to avoid post-service review.			
37700	REVISE LEG VEIN	MP Criteria: Procedure/service reviewed against Medical Policy			
57700	KEVISE LEG VEIN		_	_	_
		Criteria. Submit for Recommended Clinical Review			
7710	LICATE (CTO)	(Predetermination) to avoid post-service review.			
37718	LIGATE/STRIP	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SHORT LEG VEIN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7722		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	LEG VEIN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7735	REMOVAL OF LEG	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	VEINS/LESION	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
37760	LIGATE LEG VEINS	MP Criteria: Procedure/service reviewed against Medical Policy	_		
	RADICAL	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
37761	LIGATE LEG VEINS	MP Criteria: Procedure/service reviewed against Medical Policy			
	FIGUIL FFG AFIND	Chiefia. I roccaure/ service reviewed against Medical Folicy	_	_	_
37701	OPEN	Criteria, Submit for Recommended Clinical Review			

37765 STAB PHLEB VEINS MP Criteria: Procedure/service reviewed against Medical Policy XTR 10-20 Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37766 PHLEB VEINS - MP Criteria: Procedure/service reviewed against Medical Policy EXTREM 20+ Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37780 REVISION OF LEG MP Criteria: Procedure/service reviewed against Medical Policy VEIN Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified, VASCULAR maybe subject to contract/clinical review.  SURGERY	_
XTR 10-20 Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37766 PHLEB VEINS - MP Criteria: Procedure/service reviewed against Medical Policy EXTREM 20+ Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37780 REVISION OF LEG MP Criteria: Procedure/service reviewed against Medical Policy VEIN Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified, VASCULAR maybe subject to contract/clinical review.  SURGERY	-
(Predetermination) to avoid post-service review.  37766 PHLEB VEINS - MP Criteria: Procedure/service reviewed against Medical Policy	_
37766 PHLEB VEINS - MP Criteria: Procedure/service reviewed against Medical Policy EXTREM 20+ Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37780 REVISION OF LEG MP Criteria: Procedure/service reviewed against Medical Policy VEIN Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified, VASCULAR maybe subject to contract/clinical review.  SURGERY	-
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EXTREM 20+ Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37780 REVISION OF LEG MP Criteria: Procedure/service reviewed against Medical Policy VEIN Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified, VASCULAR maybe subject to contract/clinical review. SURGERY	
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37780 REVISION OF LEG MP Criteria: Procedure/service reviewed against Medical Policy VEIN Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified, VASCULAR maybe subject to contract/clinical review. SURGERY	_
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37799 UNLISTED PX Unlisted: Procedure/service not specifically defined or classified,	
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SURGERY	_
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38129 UNLISTED LAPS PX Unlisted: Procedure/service not specifically defined or classified,	
SPLEEN maybe subject to contract/clinical review.	_
37785 LIGATE/DIVIDE/EXC MP Criteria: Procedure/service reviewed against Medical Policy	_
ISE VEIN Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38204 BL DONOR SEARCH MP Criteria: Procedure/service reviewed against Medical Policy	_
MANAGEMENT Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38206 HARVEST AUTO MP Criteria: Procedure/service reviewed against Medical Policy	_
STEM CELLS Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review. Prior Authorization	
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may be required per contract agreement.	
38205 HARVEST MP Criteria: Procedure/service reviewed against Medical Policy	
ALLOGENEIC STEM Criteria. Submit for Recommended Clinical Review	_
CELL (Predetermination) to avoid post-service review.	
38207 CRYOPRESERVE MP Criteria: Procedure/service reviewed against Medical Policy	
STEM CELLS Criteria. Submit for Recommended Clinical Review	_
(Predetermination) to avoid post-service review.	
38208 THAW PRESERVED MP Criteria: Procedure/service reviewed against Medical Policy	_
STEM CELLS Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38209 WASH HARVEST MP Criteria: Procedure/service reviewed against Medical Policy	_
STEM CELLS Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38210 T-CELL DEPLETION MP Criteria: Procedure/service reviewed against Medical Policy	_
OF HARVEST Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38211 TUMOR CELL MP Criteria: Procedure/service reviewed against Medical Policy	_
DEPLETE OF Criteria. Submit for Recommended Clinical Review	
HARVST (Predetermination) to avoid post-service review.	
38212 RBC DEPLETION OF MP Criteria: Procedure/service reviewed against Medical Policy	_
HARVEST Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38213 PLATELET DEPLETE MP Criteria: Procedure/service reviewed against Medical Policy	_
OF HARVEST Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
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38214 VOLUME DEPLETE MP Criteria: Procedure/service reviewed against Medical Policy	_
OF HARVEST Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38230 BONE MARROW MP Criteria: Procedure/service reviewed against Medical Policy	_
HARVEST ALLOGEN Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review. Prior Authorization	
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may be required per contract agreement.	
38215 HARVEST STEM MP Criteria: Procedure/service reviewed against Medical Policy	_
CELL CONCENTRTE Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38232 BONE MARROW MP Criteria: Procedure/service reviewed against Medical Policy	_
HARVEST AUTOLOG Criteria. Submit for Recommended Clinical Review	
(Predetermination) to avoid post-service review.	
38241 TRANSPLT AUTOL MP Criteria: Procedure/service reviewed against Medical Policy	_
HCT/DONOR Criteria. Submit for Recommended Clinical Review	
(Building that the Alexandrian to the Control of th	
(Predetermination) to avoid post-service review. Prior Authorization	

38240	TRANSPLT ALLO	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	HCT/DONOR	Criteria. Submit for Recommended Clinical Review			
	•	(Predetermination) to avoid post-service review.			
38242	TRANSPLT ALLO	MP Criteria: Procedure/service reviewed against Medical Policy			
30242			-	-	-
	LYMPHOCYTES	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
38243	TRANSPLJ	MP Criteria: Procedure/service reviewed against Medical Policy			
	HEMATOPOIETIC	Criteria. Submit for Recommended Clinical Review	_	_	_
	BOOST	(Predetermination) to avoid post-service review.			
38589	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	LYMPHTC SYS	maybe subject to contract/clinical review.			
38999	UNLISTD PX	Unlisted: Procedure/service not specifically defined or classified,			
	HEMIC/LYMPHTC	maybe subject to contract/clinical review.	_	_	_
		maybe subject to contract content teview.			
20400	SYS				
39499	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	MEDIASTINUM	maybe subject to contract/clinical review.			
39599	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
	DIAPHRAGM	maybe subject to contract/clinical review.	_	_	_
40700		Unlisted: Procedure/service not specifically defined or classified,			
40799	UNLISTED	• • •	-	-	-
	PROCEDURE LIPS	maybe subject to contract/clinical review.			
40899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	VESTIBULE MOUTH	maybe subject to contract/clinical review.			
41530	TONGUE BASE VOL				
11330		•	-	-	-
	REDUCTION	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
41599	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	TONGUE FLR	maybe subject to contract/clinical review.			
	MOUTH	.,,			
41920	Excision Gum Each	Non Covered Precedure Jeanvise not envered by the Plan Not			
41820		Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Quadrant	subject to pre-service review.			
41821	Excision Of Gum	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Flap	subject to pre-service review.			
41822	Excision Of Gum	Non Covered: Procedure/service not covered by the Plan. Not			
.1022			-	_	-
44.000	Lesion	subject to pre-service review.			
41823	Excision Of Gum	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Lesion	subject to pre-service review.			
41828	Excision Of Gum	Non Covered: Procedure/service not covered by the Plan. Not	_		_
	Lesion	subject to pre-service review.	_	_	_
41830	Removal Of Gum	Non Covered: Procedure/service not covered by the Plan. Not			
41030		•	-	-	-
	Tissue	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.	-	-	_
41074	Danis Taath Caalast				
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan. Not	_	_	-
		subject to pre-service review.			
41899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	DENTALVLR STRUX	maybe subject to contract/clinical review.			_
42299	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
72233			-	-	-
	PALATE UVULA	maybe subject to contract/clinical review.			
42699	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	SALIVRY GLND/DUX	maybe subject to contract/clinical review.			
42999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
72333			-	-	-
	·	maybe subject to contract/clinical review.			
43206	ESOPH OPTICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	ENDOMICROSCOPY	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
20200	INCISION OF	MP Criteria: Procedure/service reviewed against Medical Policy			
38308			_	-	-
	LYMPH CHANNELS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
43252	EGD OPTICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	ENDOMICROSCOPY		_	<del>-</del>	-
	ENDOMICROSCOTT				
		Payment and Coding Policy (CPCP).			

13236	UPPR GI SCOPE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/SUBMUC INJ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3289	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	ESOPH	maybe subject to contract/clinical review.			
3290	EGD FLX TRNSORL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023		Add effective
	DPLMNT BALO	pre-service review. Check EIU policy, which is one of our Clinical	, ,	_	01/01/2023
	DI ENTITE DI LEG	Payment and Coding Policy (CPCP).			01,01,2023
3291	EGD FLX TRNSORL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023		Add effective
5291			1/1/2023	_	
	RMVL BALO	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
3499	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE	maybe subject to contract/clinical review.			
	ESOPHAGUS				
3284	LAPS ESOPHGL	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SPHNCTR AGMNTJ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3632	REMOVAL OF	MP Criteria: Procedure/service reviewed against Medical Policy	6/1/2023		Add effective
3032			0/1/2023	_	
	STOMACH PARTIAL	Criteria. Submit for Recommended Clinical Review			06/01/2023
		(Predetermination) to avoid post-service review.			
3633	REMOVAL OF	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	STOMACH PARTIAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3659	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	STOMACH	maybe subject to contract/clinical review.	_	_	_
3644	LAP GASTRIC	MP Criteria: Procedure/service reviewed against Medical Policy			
3044			_	-	-
	BTPASS/ROUX-EN-T	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3645		MP Criteria: Procedure/service reviewed against Medical Policy		_	_
	INCL SMLL I	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3770	LAP PLACE GASTR	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ADJ DEVICE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3771	LAP REVISE GASTR	MP Criteria: Procedure/service reviewed against Medical Policy			
3771	ADJ DEVICE	Criteria. Submit for Recommended Clinical Review	_	_	_
	ADJ DEVICE				
2772	145 5144 64675	(Predetermination) to avoid post-service review.			
3772	LAP RMVL GASTR	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ADJ DEVICE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3773	LAP REPLACE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	GASTR ADJ DEVICE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3774	LAP RMVL GASTR	MP Criteria: Procedure/service reviewed against Medical Policy			
3774		Criteria. Submit for Recommended Clinical Review	-	-	-
	ADJ ALL PARTS				
		(Predetermination) to avoid post-service review.			
3775	LAP SLEEVE	MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
	GASTRECTOMY	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3842	V-BAND	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
	GASTROPLASTY				
	GASTROPLASTY				
3843		(Predetermination) to avoid post-service review.			
3843	GASTROPLASTY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
3843		(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	_	-
	GASTROPLASTY W/O V-BAND	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	GASTROPLASTY W/O V-BAND GASTROPLASTY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	GASTROPLASTY W/O V-BAND GASTROPLASTY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	GASTROPLASTY W/O V-BAND GASTROPLASTY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
3845	GASTROPLASTY W/O V-BAND GASTROPLASTY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
3845	GASTROPLASTY W/O V-BAND GASTROPLASTY DUODENAL SWITCH GASTRIC BYPASS	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
3845	GASTROPLASTY W/O V-BAND GASTROPLASTY DUODENAL SWITCH	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
3843 3845 3846	GASTROPLASTY W/O V-BAND  GASTROPLASTY DUODENAL SWITCH  GASTRIC BYPASS FOR OBESITY	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
3845	GASTROPLASTY W/O V-BAND GASTROPLASTY DUODENAL SWITCH GASTRIC BYPASS	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-

43848	REVISION	MP Criteria: Procedure/service reviewed against Medical Policy			
	GASTROPLASTY	Criteria. Submit for Recommended Clinical Review	_	_	_
	GASTROT EAST				
		(Predetermination) to avoid post-service review.			
43886	REVISE GASTRIC	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PORT OPEN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
43999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
13333			-	_	_
	PROCEDURE	maybe subject to contract/clinical review.			
	STOMACH				
44238	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	INTESTINE	maybe subject to contract/clinical review.			
44799	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
	SMALL INTESTINE	maybe subject to contract/clinical review.	_	_	_
44899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
44033		· · · · · · · · · · · · · · · · · · ·	_	_	_
	MECKEL'S	maybe subject to contract/clinical review.			
	DVRTCLM				
44979	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	APPENDIX	maybe subject to contract/clinical review.			
45399	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
	PROCEDURE	maybe subject to contract/clinical review.	-	_	<del>-</del>
		maybe subject to contract/clinical review.			
	COLON				
45499	LAPAROSCOPE	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROC RECTUM	maybe subject to contract/clinical review.			
45999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			_
	PROCEDURE	maybe subject to contract/clinical review.			
	RECTUM	·····, ·····, ·····, ·····, ··········			
46707		FILL: Dracadura/carvica not raimbursed by the Plan Not subject to			
46707		EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	FIST W/PLUG	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
46999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE ANUS	maybe subject to contract/clinical review.			
43887	REMOVE GASTRIC	MP Criteria: Procedure/service reviewed against Medical Policy			
	PORT OPEN	Criteria. Submit for Recommended Clinical Review	-	_	_
	I ON I OI EN				
		(Predetermination) to avoid post-service review.			
47379	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	LIVER	maybe subject to contract/clinical review.			
43888	CHANGE GASTRIC	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PORT OPEN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
47370	LAPARO ABLATE	MP Criteria: Procedure/service reviewed against Medical Policy			
17370	LIVER TUMOR RF	Criteria. Submit for Recommended Clinical Review	_	_	_
	LIVER TOWIOR RE				
		(Predetermination) to avoid post-service review.			
47399	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE LIVER	maybe subject to contract/clinical review.			
47579	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	BILIARY TRC	maybe subject to contract/clinical review.			
47999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
.,,,,,,	BILIARY TRACT	maybe subject to contract/clinical review.	_	-	_
40000					
48999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE	maybe subject to contract/clinical review.			
	PANCREAS				
49329	UNLSTD LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	ABD PERTM&OMN	maybe subject to contract/clinical review.	_	_	-
49659	UNLSTD LAPS PX	Unlisted: Procedure/service not specifically defined or classified,			
.5055			-	_	-
40000	HRNAP HRNRPHY	maybe subject to contract/clinical review.			
49999	UNLISTED PX ABD	Unlisted: Procedure/service not specifically defined or classified,	_	-	-
	PERTM&OMN	maybe subject to contract/clinical review.			
47380	OPEN ABLATE LIVER	R MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TUMOR RF	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
47382	PERCUT ABLATE	MP Criteria: Procedure/service reviewed against Medical Policy			
1, 302			_	_	-
	LIVER RF	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
50549	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	RENAL	maybe subject to contract/clinical review.			

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50250	CRYOABLATE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	RENAL MASS OPEN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
50360	TRANSPLANTATION	MP Criteria: Procedure/service reviewed against Medical Policy			
	OF KIDNEY	Criteria. Submit for Recommended Clinical Review	_	_	_
	01 11121	(Predetermination) to avoid post-service review.			
50949	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,			
30949			-	-	-
50500	URETER	maybe subject to contract/clinical review.			
50592	PERC RF ABLATE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	RENAL TUMOR	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
51999	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	BLADDER	maybe subject to contract/clinical review.			
50593	PERC CRYO ABLATE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	RENAL TUM	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
51715	ENDOSCOPIC	MP Criteria: Procedure/service reviewed against Medical Policy			
51715		Criteria. Submit for Recommended Clinical Review	_	_	_
	•				
F2227	T	(Predetermination) to avoid post-service review.			
52327	CYSTOSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	INJECT MATERIAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
52441	CYSTOURETHRO	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/IMPLANT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
53860	TRANSURETHRAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	RF TREATMENT	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
53899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
33033	URINARY SYSTEM	maybe subject to contract/clinical review.	-	-	-
52442	CYSTOURETHRO				
52442		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	W/ADDL IMPLANT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
53855	INSERT PROST	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	URETHRAL STENT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service 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	MP Criteria: Procedure/service reviewed against Medical Policy			
	PENIS LESION	Criteria. Submit for Recommended Clinical Review	_	_	_
	T EINIS EESION	(Predetermination) to avoid post-service review.			
54205	TREATMENT OF	MP Criteria: Procedure/service reviewed against Medical Policy			
34203			_	_	_
	PENIS LESION	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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PROSTHESIS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
54401	INSERT SELF-	MP Criteria: Procedure/service reviewed against Medical Policy			
5.101		Criteria. Noted the New York Criteria. Submit for Recommended Clinical Review	_	_	-
	COMID FROSTITESIS				
T.4C00	LINILICTED LADO SY	(Predetermination) to avoid post-service review.			
54699		Unlisted: Procedure/service not specifically defined or classified,	_	-	-
	TESTIS	maybe subject to contract/clinical review.			
55559	UNLSTD LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	-
	SPRMATIC CORD	maybe subject to contract/clinical review.			
54405	INSERT MULTI-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	COMP PENIS PROS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
•					

55899	UNLISTED PX MALE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	GENITAL SYS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical 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.			
55880	ABLTJ MAL PRST8	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TISS HIFU	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
55970	SEX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TRANSFORMATION	Criteria. Submit for Recommended Clinical Review			
	M TO F	(Predetermination) to avoid post-service review.			
55980	SEX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TRANSFORMATION	Criteria. Submit for Recommended Clinical Review			
	F TO M	(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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PERINEUM	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
57291	CONSTRUCTION OF	MP Criteria: Procedure/service reviewed against Medical Policy			
	VAGINA	Criteria. Submit for Recommended Clinical Review	_	_	_
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Predetermination) to avoid post-service review.			
57292	CONSTRUCT	MP Criteria: Procedure/service reviewed against Medical Policy	_		
0,202	VAGINA WITH	Criteria. Submit for Recommended Clinical Review	_	_	-
	GRAFT	(Predetermination) to avoid post-service review.			
58578	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,			
30370	UTERUS	maybe subject to contract/clinical review.	_	_	-
58579	UNLISTED HYSTSC	Unlisted: Procedure/service not specifically defined or classified,			
36373	PX UTERUS	maybe subject to contract/clinical review.	-	_	-
58679	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,			
36073	OVIDCT OVRY	maybe subject to contract/clinical review.	-	_	-
58999	UNLISTED PX FML	Unlisted: Procedure/service not specifically defined or classified,			
36333	GENITAL SYS	maybe subject to contract/clinical review.	-	_	-
57335	REPAIR VAGINA	MP Criteria: Procedure/service reviewed against Medical Policy			
37333	ILLI AIII VAGIIVA	Criteria. Submit for Recommended Clinical Review	_	_	-
		(Predetermination) to avoid post-service review.			
59897	UNLISTED FETAL	Unlisted: Procedure/service not specifically defined or classified,			
33037			-	-	-
F0000	INVAS PX W/US	maybe subject to contract/clinical review.			
59898	UNLSTD LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	-	_	-
F0000	MAT CARE&DLVR	maybe subject to contract/clinical review.			
59899	UNLISTED PX MAT	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
60650	CARE&DLVR	maybe subject to contract/clinical review.			
60659	UNLISTED LAPS PX	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
50500	ENDOC SYS	maybe subject to contract/clinical review.			
60699	UNLISTED PX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	ENDOCRINE	Criteria. Submit for Recommended Clinical Review			
	SYSTEM	(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
61630	INTRACRANIAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
	ANGIOPLASTY	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
57426	REVISE PROSTH	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	VAG GRAFT LAP	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
59074	FETAL FLUID	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DRAINAGE W/US	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
61635	INTRACRAN	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ANGIOPLSTY	Criteria. Submit for Recommended Clinical Review			
	W/STENT	(Predetermination) to avoid post-service review.			

62263	EPIDURAL LYSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	MULT SESSIONS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
62264	EPIDURAL LYSIS ON	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SINGLE DAY	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
62287	DCMPRN PX PERQ	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	1/MLT LUMBAR	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	2,	Payment and Coding Policy (CPCP).			
64582	OPN MPLTI HPGLSI	MP Criteria: Procedure/service reviewed against Medical Policy			
0.502	NSTM ARY PG	Criteria. Submit for Recommended Clinical Review	_	-	-
	113111111111111	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
64628	TRML DSTRJ IOS	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
04028	BVN 1ST 2 L/S	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	DVIN 131 2 L/3				
64629	TRML DSTRJ IOS	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to			
04029			_	-	-
	BVN EA ADDL	pre-service review. Check EIU policy, which is one of our Clinical			
C1CE0	Conse Dalma Admin	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy			
61650	Evasc Pring Admn		-	-	-
	Rx Agnt 1St	Criteria. Submit for Recommended Clinical Review			
C4000	LINIUSTED DV	(Predetermination) to avoid post-service review.			
64999	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	NERVOUS SYSTEM	maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
65760	REVISION OF	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	CORNEA	subject to pre-service review.			
61651	Evasc Prlng Admn	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Rx Agnt Add	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
64640	INJECTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TREATMENT OF	Criteria. Submit for Recommended Clinical Review			
	NERVE	(Predetermination) to avoid post-service review.			
65770	REVISE CORNEA	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	WITH IMPLANT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
65785	IMPLTJ NTRSTRML	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CRNL RNG SEG	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66174	TRLUML DIL AQ O/F	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CAN W/O ST	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66175	TRLUML DIL AQ O/F	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CAN W/ST	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66179	AQUEOUS SHUNT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EYE W/O GRAFT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66180	AQUEOUS SHUNT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EYE W/GRAFT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66183	INSERT ANT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DRAINAGE DEVICE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
66999	UNLISTED PX ANT	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	SEGMENT EYE	maybe subject to contract/clinical review.			
67299	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	POSTERIOR	maybe subject to contract/clinical review.			
	SEGMNT				
67399	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	EXTRAOCULAR	maybe subject to contract/clinical review.			
	MUSC				
67599	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
		maybe subject to contract/clinical review.			

67900	REPAIR BROW	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DEFECT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
66989	XCPSL CTRC RMVL	MP Criteria: Procedure/service reviewed against Medical Policy			
00303	CPLX INSJ 1+	Criteria. Submit for Recommended Clinical Review	_	_	-
	CPLX IIVOJ 17				
55004	VOADOL OTDO DANA	(Predetermination) to avoid post-service review.			
66991		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	INSJ 1+	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
67901	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DEFECT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
67902	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DEFECT	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
67903	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy			
07303	DEFECT	Criteria. Submit for Recommended Clinical Review	_	_	-
	DEFECT				
67004	DEDAID EVELID	(Predetermination) to avoid post-service review.			
67904	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	DEFECT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
67999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PROCEDURE	maybe subject to contract/clinical review.			
	EYELIDS				
68399	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,		_	_
	CONJUNCTIVA	maybe subject to contract/clinical review.	_	<del>-</del>	_
68899	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,			
00033	LACRIMAL SYSTEM	maybe subject to contract/clinical review.	-	_	-
67906	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy			
07900			_	_	-
	DEFECT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
67908	REPAIR EYELID	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DEFECT	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
69399	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	EXTERNAL EAR	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	MP Criteria: Procedure/service reviewed against Medical Policy			
09300			_	_	-
	EAR	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
69714	Implant Temple	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Bone W/Stimul	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
69705	NPS SURG DILAT	MP Criteria: Procedure/service reviewed against Medical Policy			
	EUST TUBE UNI	Criteria. Submit for Recommended Clinical Review	_	_	_
	2001 1002 0111	(Predetermination) to avoid post-service review.			
69717	Temple Bone	MP Criteria: Procedure/service reviewed against Medical Policy			
09/1/	•	-	-	_	-
	Implant Revision	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
69706	NPS SURG DILAT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EUST TUBE BI	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
69716	IMPL OI IMPLT SK	MP Criteria: Procedure/service reviewed against Medical Policy			
	TC ESP<100	Criteria. Submit for Recommended Clinical Review	_	_	_
	10 201 3100	(Predetermination) to avoid post-service review.			
69719	DDI CNA OLIMADI T CK				
03/13		MP Criteria: Procedure/service reviewed against Medical Policy			-
	TC ESP<100	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
69799	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	-	_	_
	MIDDLE EAR	maybe subject to contract/clinical review.			

69930	Implant Cochlear	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Device	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
69949		Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	EAR	maybe subject to contract/clinical review.			
69979	UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified,	-	_	-
	TEMPORAL BONE	maybe subject to contract/clinical review.			
76496	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	FLUOROSCOPIC PX	maybe subject to contract/clinical review.			
76497	UNLISTED CT	Unlisted: Procedure/service not specifically defined or classified,	-	_	-
76.400	PROCEDURE	maybe subject to contract/clinical review.			
76498	UNLISTED MR	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
76400	PROCEDURE	maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified,			
76499	UNLISTED DX		-	-	-
76999	RADIOGRAPHIC PX ECHO	maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified,			
76999	EXAMINATION		-	_	-
	PROCEDURE	maybe subject to contract/clinical review.			
77299	UNLISTED PX THER	Unlisted: Procedure/service not specifically defined or classified,			
77233	RAD TX PLNG	maybe subject to contract/clinical review.	-	_	-
77399	UNLISTED PX MED	Unlisted: Procedure/service not specifically defined or classified,			
,,,,,,	RADJ PHYSICS	maybe subject to contract/clinical review.	_	_	-
77499		Unlisted: Procedure/service not specifically defined or classified,			
	RAD TX MGMT	maybe subject to contract/clinical review.	_	_	-
77799	UNLISTED PX CLIN	Unlisted: Procedure/service not specifically defined or classified,			
	BRACHYTX	maybe subject to contract/clinical review.	-	_	_
78099	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
	ENDOCRINE PX DX	maybe subject to contract/clinical review.	_	_	_
	NUC	, ,			
78199	UNLSTD HEMATOP	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	RET/ENDO LYMP	maybe subject to contract/clinical review.			
78299	UNLISTED GI PX DX	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	NUC MED	maybe subject to contract/clinical review.			
78399	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	MUSCSKEL PX DX	maybe subject to contract/clinical review.			
	NUC				
78499		Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	NUC MED	maybe subject to contract/clinical review.			
78599		Unlisted: Procedure/service not specifically defined or classified,	-	_	-
	DX NUC MED	maybe subject to contract/clinical review.			
78699		Unlisted: Procedure/service not specifically defined or classified,	-	_	-
70700	PX DX NUC	maybe subject to contract/clinical review.			
78799		Unlisted: Procedure/service not specifically defined or classified,	-	-	-
70000	NUC MED	maybe subject to contract/clinical review.			
78999		Unlisted: Procedure/service not specifically defined or classified,	-	-	-
70000	DX NUC MED  RP THERAPY	maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified,			
79999			-	_	-
80299	UNLISTED PX QUANTITATIVE	maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified,			
00233	ASSAY DRUG	maybe subject to contract/clinical review.	-	-	-
81099	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
01000	URINALYSIS PX	maybe subject to contract/clinical review.	-	-	-
81479	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
	MOLECULAR	maybe subject to contract/clinical review. Prior Authorization may	-	_	-
	PATHOLOGY	be required per contract agreement.			
04500		<u> </u>			
81599	UNLISTED MAAA	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
02522	COLLACETT	maybe subject to contract/clinical review.			
82523	COLLAGEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	CROSSLINKS	pre-service review. Check EIU policy, which is one of our Clinical			
60739	DAM/ NITO OLIVAD CII	Payment and Coding Policy (CPCP).  AND Criterias Procedure (somice reviewed against Medical Policy)	1/1/2022		Add off+:
69728		MP Criteria: Procedure/service reviewed against Medical Policy	1/1/2023	_	Add effective
	TC>=100	Criteria. Submit for Recommended Clinical Review			01/01/2023
		(Predetermination) to avoid post-service review.			

83695	ASSAY OF	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
	LIPOPROTEIN(A)	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
33698	ASSAY	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	LIPOPROTEIN PLA2	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
3701	LIPOPROTEIN BLD	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	HR FRACTION	pre-service review. Check EIU policy, which is one of our Clinical	<del>-</del>	_	_
	TINTINACTION	Payment and Coding Policy (CPCP).			
3704	LIPOPROTEIN BLD	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
55704			_	_	-
	QUAN PART	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
33722	LIPOPRTN DIR	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	MEAS SD LDL CHL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
3937	ASSAY OF	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	OSTEOCALCIN	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
3987	EXHALED BREATH	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	CONDENSATE	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	CONDENSATE	Payment and Coding Policy (CPCP).			
4112	EVAL AMNIOTIC	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
7114			_	-	_
	FLUID PROTEIN	pre-service review. Check EIU policy, which is one of our Clinical			
24424	TUDOS SOCIETA	Payment and Coding Policy (CPCP).			
34431	THROMBOXANE	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	URINE	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
4999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	CHEMISTRY	maybe subject to contract/clinical review.			
	PROCEDURE				
5999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	HEMATOLOGY&CO	maybe subject to contract/clinical review.			
	AGJ PX	.,,			
86001		EIU: Procedure/service not reimbursed by the Plan. Not subject to			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IGG	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	100				
	IA NIECT AD	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
00320	IA NFCT AB		0/1/2023	_	
	SARSCOV2	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
	COVID19	Payment and Coding Policy (CPCP).			
36343	LEUKOCYTE	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	HISTAMINE	pre-service review. Check EIU policy, which is one of our Clinical			
	RELEASE	Payment and Coding Policy (CPCP).			
9730	RPLC OI IMPLT SK	MP Criteria: Procedure/service reviewed against Medical Policy	1/1/2023	_	Add effective
	TC ESP>=100	Criteria. Submit for Recommended Clinical Review			01/01/2023
		(Predetermination) to avoid post-service review.			
3006	Growth Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy	_		
	Gene 2	Criteria. Submit for Recommended Clinical Review	_	_	-
	Gene 2	(Predetermination) to avoid post-service review.			
6408	NEUTRLZG ANTB	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
0400			0/1/2023	_	
	SARSCOV2 SCR	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).	- 1 - 1		
86409	NEUTRLZG ANTB	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	SARSCOV2 TITER	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
6413	SARS-COV-2 ANTB	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
	QUANTITATIVE	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			., . ,
	SKIN TEST	Unlisted: Procedure/service not specifically defined or classified,			
86486			_	-	-
36486					
36486	UNLISTED ANTIGN	maybe subject to contract/clinical review.			
	UNLISTED ANTIGN EA		s la looss		A 1.1 CC
	UNLISTED ANTIGN EA SARS-COV-2 COVID-	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	-	Add effective
	UNLISTED ANTIGN EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	6/1/2023	-	Add effective 06/01/2023
	UNLISTED ANTIGN EA SARS-COV-2 COVID-	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	
36486 36769 36849	UNLISTED ANTIGN EA SARS-COV-2 COVID-	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	6/1/2023	-	

86910	BLOOD TYPING	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-	
00044	PATERNITY TEST	subject to pre-service review.				
86911	BLOOD TYPING	Non Covered: Procedure/service not covered by the Plan. Not	-	-	_	
06252	ANTIGEN SYSTEM	subject to pre-service review.				
86352	· · · · · · · · · · · · · · · · · · ·	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-	
	W/Stim	Criteria. Submit for Recommended Clinical Review				
00000	LINUICTED	(Predetermination) to avoid post-service review.				
86999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	-	-	-	
		maybe subject to contract/clinical review.				
86353	PX LYMPHOCYTE	MD Critoria, Dragoduro/sorvice reviewed against Medical Deligy				
80333		MP Criteria: Procedure/service reviewed against Medical Policy	-	_	_	
	TRANSFURIVIATION	Criteria. Submit for Recommended Clinical Review				
86950	Leukacyte	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy				
80930	Transfusion	Criteria. Submit for Recommended Clinical Review	_	_	_	
	Halistusion					
87505	NFCT AGENT	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy				
67303	DETECTION GI	Criteria. Submit for Recommended Clinical Review	_	_	_	
	DETECTION GI	(Predetermination) to avoid post-service review.				
87797	DETECT AGENT	Unlisted: Procedure/service not specifically defined or classified,				
67757	NOS DNA DIR	maybe subject to contract/clinical review.	-	_	-	
87798	DETECT AGENT	Unlisted: Procedure/service not specifically defined or classified,				
07750	NOS DNA AMP	maybe subject to contract/clinical review.	-	-	-	
87799	DETECT AGENT	Unlisted: Procedure/service not specifically defined or classified,				
07733	NOS DNA QUANT	maybe subject to contract/clinical review.	-	-	-	
87899	AGENT NOS ASSAY					
07033	W/OPTIC	maybe subject to contract/clinical review.	-	-	-	
87999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,				
0,333		maybe subject to contract/clinical review.	_	_	-	
88000	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not				
		subject to pre-service review.	-	_	-	
	(NECKOTOT) GROSS	subject to pre service review.				
88005	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not				
		subject to pre-service review.	_	_	_	
	(					
88007	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not				
	(NECROPSY) GROSS	subject to pre-service review.	_	_	_	
	( ,					
88012	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not				
	(NECROPSY) GROSS	subject to pre-service review.	_	_	_	
	,					
88014	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY) GROSS	subject to pre-service review.	_	_	_	
88016	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY) GROSS	subject to pre-service review.				
88020	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY)	subject to pre-service review.				
	COMPLETE					
88025	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY)	subject to pre-service review.				
	COMPLETE					
88027	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY)	subject to pre-service review.				
	COMPLETE					
88028	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY)	subject to pre-service review.				
	COMPLETE					
88029	AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	(NECROPSY)	subject to pre-service review.				
	COMPLETE					
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	-	-	_
22242	FORENCIA ALITORON	subject to pre-service review.			
88040		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	(NECROPSY)	subject to pre-service review.			
00045	CODONEDC	New Covered Disconding / comics and sovered by the Disc. Net			
88045	CORONERS	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	AUTOPSY	subject to pre-service review.			
99000	(NECROPSY)	Non Covered Precedure/consist not severed by the Plan. Not			
88099	UNLISTED	Non Covered: Procedure/service not covered by the Plan. Not	_	_	-
	NECROPSY (ALITORSY)	subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined			
	(AUTOPSY)				
88199	UNLISTED	or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified,			
00133	CYTOPATHOLOGY	maybe subject to contract/clinical review.	_	_	-
	PX	maybe subject to contract/clinical review.			
88299	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
00233	CYTOGENETIC	maybe subject to contract/clinical review.	_	_	-
	STUDY				
88375	OPTICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	ENDOMICROSCPY	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	INTERP	Payment and Coding Policy (CPCP).			
88399	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			_
	SURGICAL PATH PX	maybe subject to contract/clinical review.	_	_	_
88749	UNLISTED IN VIVO	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	LAB SERVICE	maybe subject to contract/clinical review.			_
89240	UNLISTED MISC	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PATH TEST	maybe subject to contract/clinical review.			
89258	CRYOPRESERVATIO	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	N EMBRYO(S)	subject to pre-service review.			
87506	IADNA-DNA/RNA	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PROBE TQ 6-11	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
87507	IADNA-DNA/RNA	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PROBE TQ 12-25	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
89259	CRYOPRESERVATIO	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	N SPERM	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
89335	CRYOPRESERVE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TESTICULAR TISS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
89337		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	N OOCYTE(S)	Criteria. Submit for Recommended Clinical Review			
222.12		(Predetermination) to avoid post-service review.			
89342	STORAGE/YEAR	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	EMBRYO(S)	Criteria. Submit for Recommended Clinical Review			
00246	CTODA CE MEAD	(Predetermination) to avoid post-service review.			
89346	STORAGE/YEAR	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
00200	OOCYTE(S)	subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified,			
89398	UNLISTED REPROD	• • •	-	_	-
90378	MED LAB PROC	maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy			
90376	DIVIOC IVII DAIVI VCA	Criteria. Submit for Recommended Clinical Review	_	_	-
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
90399	UNLISTED IMMUNE	Unlisted: Procedure/service not specifically defined or classified,			
33333	GLOBULIN	maybe subject to contract/clinical review.	_	_	-
90584		Non Covered: Procedure/service not covered by the Plan. Not			
55501	2 Dose Subq	subject to pre-service review.	-	-	-
90689	Vacc liv4 No Prsrv	Non Covered: Procedure/service not covered by the Plan. Not			
3000	0.25Ml lm	subject to pre-service review.	_	_	-
90749	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
	VACCINE/TOXOID	maybe subject to contract/clinical review.	_	_	_
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90870 ELECTROCONVULSI MP Criteria: Procedure/service reviewed against Medical Policy		
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90880 HYPNOTHERAPY Non Covered: Procedure/service not covered by the Plan. Not		
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subject to pre-service review.		
90885 PSY EVALUATION Non Covered: Procedure/service not covered by the Plan. Not _	_	_
OF RECORDS subject to pre-service review.		
90889 PREPARATION OF Non Covered: Procedure/service not covered by the Plan. Not		
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REPORT subject to pre-service review.		
90899 UNLISTED PSYC Unlisted: Procedure/service not specifically defined or classified, _	_	_
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90875 PSYCHOPHYSIOLOG MP Criteria: Procedure/service reviewed against Medical Policy		
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90876 PSYCHOPHYSIOLOG MP Criteria: Procedure/service reviewed against Medical Policy _	_	_
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90901 BIOFEEDBACK MP Criteria: Procedure/service reviewed against Medical Policy _	_	_
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90999 UNLISTED DIALYSIS Unlisted: Procedure/service not specifically defined or classified,		
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PROCEDURE maybe subject to contract/clinical review.		
90912 BFB TRAINING 1ST MP Criteria: Procedure/service reviewed against Medical Policy _	_	_
15 MIN Criteria. Submit for Recommended Clinical Review		
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90913 BFB TRAINING EA MP Criteria: Procedure/service reviewed against Medical Policy		
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1305   SARS   MCG     1306   SARS   SOM(0     1307   SARS     1308   SARS     1309   SARS	RSCOV2 VAC 30 CG TRS-SUCR RSCOV2 VAC MCG/0.25ML IM RSCOV2 VAC 10 CG TRS-SUCR RSCOV2 VAC 3 CG TRS-SUCR RSCOV2 VAC 3 MCG/0.5ML IM RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	ASCOV2 VAC 30 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 10 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.	the Plan. Not the Plan. Not the Plan. Not the Plan. Not	4/18/2023 4/18/2023 4/18/2023	- - -	Add effective 04/18/2023 Add effective 04/18/2023 Add effective
1305 SARS	RSCOV2 VAC 30 CG TRS-SUCR RSCOV2 VAC MCG/0.25ML IM RSCOV2 VAC 10 CG TRS-SUCR RSCOV2 VAC 3 CG TRS-SUCR RSCOV2 VAC 3 MCG/0.5ML IM RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	ASCOV2 VAC 30 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 10 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  ASCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.	the Plan. Not the Plan. Not the Plan. Not the Plan. Not	4/18/2023 4/18/2023 4/18/2023	- - -	Add effective 04/18/2023 Add effective 04/18/2023 Add effective
MCG   SARS   SOM()	CG TRS-SUCR  IRSCOV2 VAC  IMCG/0.25ML IM  IRSCOV2 VAC 10  CG TRS-SUCR  IRSCOV2 VAC 3  CG TRS-SUCR  IRSCOV2 VAC  IMCG/0.5ML IM  IRSCOV2 VAC  IMCG/0.25ML IM  IRSCOV2 VAC  IMCG/0.25ML IM	ACG TRS-SUCR subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC 10 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.	the Plan. Not the Plan. Not the Plan. Not the Plan. Not	4/18/2023 4/18/2023 4/18/2023	- - -	04/18/2023 Add effective 04/18/2023 Add effective
1306 SARS	RRSCOV2 VAC MCG/0.25ML IM RRSCOV2 VAC 10 CG TRS-SUCR RRSCOV2 VAC 3 CG TRS-SUCR RRSCOV2 VAC MCG/0.5ML IM RRSCOV2 VAC MCG/0.25ML IM	ASCOV2 VAC  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.  Non Covered: Procedure/service not covered by subject to pre-service review.	y the Plan. Not y the Plan. Not y the Plan. Not	4/18/2023 4/18/2023	- - -	Add effective 04/18/2023 Add effective
50MC    1307   SARS     MCG    1308   SARS     MCG    1309   SARS     50MC    1311   SARS     25MC    2015   Deter     Refra     2065   ORTH     PFRN     2132   CMP     IMG     2145   CORN     HYST     2340   Fit Sp     Mont     2341   Fit Sp     Bifoc     2342   Fit Sp     Multi     2354   Fit Sp     Syste     2355   Fit Sp     Comp     2370   Repa     Spect     Corn     2370   Repa     Spect     Corn     Corn	IMCG/0.25ML IM IRSCOV2 VAC 10 CG TRS-SUCR IRSCOV2 VAC 3 CG TRS-SUCR IRSCOV2 VAC IMCG/0.5ML IM IRSCOV2 VAC IMCG/0.25ML IM	MCG/0.25ML IM subject to pre-service review. RSCOV2 VAC 10 Non Covered: Procedure/service not covered by subject to pre-service review. RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review. RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review. RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review. RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	y the Plan. Not y the Plan. Not y the Plan. Not	4/18/2023 4/18/2023	-	04/18/2023 Add effective
1307 SARS	RRSCOV2 VAC 10 CG TRS-SUCR RRSCOV2 VAC 3 CG TRS-SUCR RRSCOV2 VAC MCG/0.5ML IM RRSCOV2 VAC MCG/0.25ML IM	RSCOV2 VAC 10 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	the Plan. Not the Plan. Not	4/18/2023	-	Add effective
MCG	CG TRS-SUCR  IRSCOV2 VAC 3 CG TRS-SUCR  IRSCOV2 VAC MCG/0.5ML IM IRSCOV2 VAC MCG/0.25ML IM	AG TRS-SUCR subject to pre-service review.  RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	the Plan. Not the Plan. Not	4/18/2023	-	
1308 SARS	RSCOV2 VAC 3 CG TRS-SUCR RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	AG TRS-SUCR subject to pre-service review.  RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	the Plan. Not the Plan. Not		-	04/18/2023
1308 SARS	RSCOV2 VAC 3 CG TRS-SUCR RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	RSCOV2 VAC 3 Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	the Plan. Not		-	,,
MCG 1309 SARS 50MC 1311 SARS 25MC 2015 Detei Refra 2065 ORTH PFRN 2132 CMP IMG // 2145 CORN HYST 2340 Fit Sp Monc 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	CG TRS-SUCR RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	ACG TRS-SUCR subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by Subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	the Plan. Not		_	Add effective
1309 SARS	RSCOV2 VAC MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	RSCOV2 VAC  Non Covered: Procedure/service not covered by subject to pre-service review.  RSCOV2 VAC  Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.		4/18/2023		
SOMO	MCG/0.5ML IM RSCOV2 VAC MCG/0.25ML IM	MCG/0.5ML IM subject to pre-service review.  RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.		4/18/2023		04/18/2023
1311 SARS 25MC 2015 Detei Refra 2065 ORTH PFRN 2132 CMP IMG / 2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	RSCOV2 VAC MCG/0.25ML IM	RSCOV2 VAC Non Covered: Procedure/service not covered by MCG/0.25ML IM subject to pre-service review.	/ the Plan. Not	, -,	_	Add effective
25MC	MCG/0.25ML IM	MCG/0.25ML IM subject to pre-service review.	the Plan. Not			04/18/2023
2015 Detei Refra 2065 ORTH PFRN 2132 CMP* IMG / 2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc. 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect		MCG/0.25ML IM subject to pre-service review.		4/18/2023		Add effective
2015 Detei Refra 2065 ORTH PFRN 2132 CMP* IMG / 2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc. 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect					_	04/18/2023
Refra   Refra			the Dian Not			
2065 ORTH- PFRM 2132 CMP IMG / 2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect		·	Tile Hall. NOC	-	-	_
PFRM 2132 CMP IMG / IMG / 2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	fractive State					
2132 CMP	RTHOP TRAING	•	the Plan. Not	_	_	_
IMG	RMD PHYS/QHP	RMD PHYS/QHP subject to pre-service review.				
2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	MPTR OPHTH DX	IPTR OPHTH DX EIU: Procedure/service not reimbursed by the P	lan. Not subject to	_	_	_
2145 CORN HYST  2340 Fit Sp Mono 2341 Fit Sp Bifoc 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	IG ANT SEGMT	G ANT SEGMT pre-service review. Check EIU policy, which is or	ne of our Clinical			
HYST  12340 Fit Sp  Mono 12341 Fit Sp  Bifoc 12342 Fit Sp  Multi 12354 Fit Sp  Syste 12355 Fit Sp  Comp 12370 Repa Spect		Payment and Coding Policy (CPCP).				
HYST    2340   Fit Sp	DNEAL		lan Not subject to			
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2341 Fit Sp Bifoca 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa	STERESIS DETER	STERESIS DETER pre-service review. Check EIU policy, which is or	ne of our Clinical			
2341 Fit Sp Bifoca 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa		Payment and Coding Policy (CPCP).				
2341   Fit Sp     Bifoci     2342   Fit Sp     Multi     2354   Fit Sp     Syste     2355   Fit Sp     Comp     2370   Repa     Spect     Spect	Spectacles	Spectacles Non Covered: Procedure/service not covered by	the Plan. Not	_	_	_
2341 Fit Sp Bifoci 2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	onofocal	nofocal subject to pre-service review.				
2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	Spectacles		the Plan Not			
2342 Fit Sp Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect			, the Hall. Hot	-	-	-
Multi 2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect						
2354 Fit Sp Syste 2355 Fit Sp Comp 2370 Repa Spect	Spectacles		tne Plan. Not	-	-	-
Syste           2355         Fit Sp           Comp           2370         Repa           Spect	ultifocal					
Syste	Spectacles Single	Spectacles Single Non Covered: Procedure/service not covered by	the Plan. Not	_	_	_
2355 Fit Sp						
Comp 2370 Repa Spect	: Spectacles		the Plan Not			
2370 Repa Spect	· ·		THE FIGHT. NOT	-	-	-
Spect	mpound Lens					
	pair & Adjust		the Plan. Not	_	-	_
2499 LINIII		ectacles subject to pre-service review.				
Z-JJ OIVEI	ectacles	LISTED OPH Unlisted: Procedure/service not specifically define	ned or classified,	_		_
	ectacles NLISTED OPH		•	_	_	
	NLISTED OPH		lan Not subject to			
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STUD	NLISTED OPH C/PROCEDURE ASAL FUNCTION		ie of our Clinical			
	NLISTED OPH C/PROCEDURE	Payment and Coding Policy (CPCP).				
2517 VEMI	NLISTED OPH C/PROCEDURE ASAL FUNCTION	MP TEST I&R EIU: Procedure/service not reimbursed by the P	lan. Not subject to	_	_	_
CERV	NLISTED OPH C/PROCEDURE ASAL FUNCTION	RVICAL pre-service review. Check EIU policy, which is or	ne of our Clinical			
-2	NLISTED OPH C/PROCEDURE ASAL FUNCTION UDIES	TVICAL DIE-SEIVICE IEVIEW, CHECK LIU DUILLY, WHILH IS DI				
2510 \/5841	NLISTED OPH VC/PROCEDURE ASAL FUNCTION VUDIES		lan Not subject to			
	NLISTED OPH C/PROCEDURE ASAL FUNCTION UDIES MP TEST I&R ERVICAL	Payment and Coding Policy (CPCP).		_	-	-
OCUL	NLISTED OPH OC/PROCEDURE ASAL FUNCTION OUDIES OMP TEST I&R OR OF TEST I&R OR OF TEST I&R OR OF TEST I&R	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P	ne of our Clinical			
	NLISTED OPH C/PROCEDURE ASAL FUNCTION UDIES MP TEST I&R ERVICAL	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P				
2519 VEMI	NLISTED OPH OC/PROCEDURE ASAL FUNCTION OUDIES OMP TEST I&R OR OF TEST I&R OR OF TEST I&R OR OF TEST I&R	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P				
	NLISTED OPH OC/PROCEDURE ASAL FUNCTION OUDIES OMP TEST I&R OR OF TEST I&R OR OF TEST I&R OR OF TEST I&R	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P  ULAR pre-service review. Check EIU policy, which is or  Payment and Coding Policy (CPCP).		_		
CLIV	ASAL FUNCTION "C/PROCEDURE ASAL FUNCTION "UDIES "MP TEST I&R ERVICAL "MP TEST I&R CULAR "MP TST I&R	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P  ULAR pre-service review. Check EIU policy, which is or  Payment and Coding Policy (CPCP).	lan. Not subject to	_	_	
OCUL	NLISTED OPH C/PROCEDURE ASAL FUNCTION UDIES MP TEST I&R ERVICAL	Payment and Coding Policy (CPCP).		-	-	-
CERV	ALISTED OPH OC/PROCEDURE ASAL FUNCTION OUDIES OF TEST I&R OUTION	Payment and Coding Policy (CPCP).  MP TEST I&R EIU: Procedure/service not reimbursed by the P  ULAR pre-service review. Check EIU policy, which is or  Payment and Coding Policy (CPCP).		_	-	

91110	GI TRC IMG INTRAL	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ESOPH-ILE	Criteria, Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
92548	CDP-SOT 6 COND	· · · · · · · · · · · · · · · · · · ·			
92548		EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	W/I&R	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
92549	CDP-SOT 6 COND	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	W/I&R MCT&ADT	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	Wildiameran				
04447	0 1 14 1111 611	Payment and Coding Policy (CPCP).			
91117		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Study	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
92700	UNLISTED ORL	Unlisted: Procedure/service not specifically defined or classified,			
	SERVICE/PX	maybe subject to contract/clinical review.	_	_	_
93050	· · · · · · · · · · · · · · · · · · ·	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
93030	ART PRESSURE		-	-	-
	WAVEFORM	pre-service review. Check EIU policy, which is one of our Clinical			
	ANALYS	Payment and Coding Policy (CPCP).			
92546	Sinusoidal	MP Criteria: Procedure/service reviewed against Medical Policy			
	Rotational Test	Criteria. Submit for Recommended Clinical Review	_	_	_
	Notational Test				
02640	A I D	(Predetermination) to avoid post-service review.			
92640	Aud Brainstem	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Implt Programg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
93228	REMOTE 30 DAY	MP Criteria: Procedure/service reviewed against Medical Policy			
	ECG REV/REPORT	Criteria. Submit for Recommended Clinical Review	_	_	_
	LCG KLV/KLFOKT				
		(Predetermination) to avoid post-service review.			
93702	BIS XTRACELL FLUID	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	ANALYSIS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
93740	TEMPERATURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
507.10		pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	GRADIENT STODIES				
		Payment and Coding Policy (CPCP).			
93229	REMOTE 30 DAY	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ECG TECH SUPP	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
93660	TILT TABLE	MP Criteria: Procedure/service reviewed against Medical Policy			
	EVALUATION	Criteria. Submit for Recommended Clinical Review	_	_	_
	EVALUATION				
		(Predetermination) to avoid post-service review.			
93799	UNLISTED CV	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	SVC/PROCEDURE	maybe subject to contract/clinical review.			
93998	UNLISTD	Unlisted: Procedure/service not specifically defined or classified,			
	NONINVAS VASC	maybe subject to contract/clinical review.	_	_	_
		maybe subject to contract/clinical review.			
	DX STD				
94014	PATIENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	RECORDED	pre-service review. Check EIU policy, which is one of our Clinical			
	SPIROMETRY	Payment and Coding Policy (CPCP).			
94015	PATIENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
3 .023			_	_	-
	RECORDED	pre-service review. Check EIU policy, which is one of our Clinical			
	SPIROMETRY	Payment and Coding Policy (CPCP).			
94016	REVIEW PATIENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SPIROMETRY	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			
J <del>-14</del> J2	TIAST W/NEPUNT		-	-	-
		subject to pre-service review.			
94453	HAST W/OXYGEN	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	TITRATE	subject to pre-service review.			
94799	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
	PULMONARY	maybe subject to contract/clinical review.	_	_	-
		maybe subject to contract/clinical review.			
	SVC/PX				
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).			
OFOSE	NOSE ALLEDOV				
95065	NOSE ALLERGY	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	TEST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			

95199	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	ALL/IMMLG SVC/PX	maybe subject to contract/clinical review.	_	_	_
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy			
33737	Cardiac Neriab	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
93798	Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy			
33730	Rehab/Monitor	Criteria. Submit for Recommended Clinical Review	_	_	_
	nenas, monto	(Predetermination) to avoid post-service review.			
95700	Eeg Cont Rec W/Vid	MP Criteria: Procedure/service reviewed against Medical Policy			
337.00	Eeg Tech	Criteria. Submit for Recommended Clinical Review	_	_	_
	208 100	(Predetermination) to avoid post-service review.			
95705	Eeg W/O Vid 2-12	MP Criteria: Procedure/service reviewed against Medical Policy			
	Hr Unmntr	Criteria. Submit for Recommended Clinical Review	_	_	-
		(Predetermination) to avoid post-service review.			
95706	Eeg Wo Vid 2-12Hr	MP Criteria: Procedure/service reviewed against Medical Policy			
	Intmt Mntr	Criteria. Submit for Recommended Clinical Review	_	_	-
		(Predetermination) to avoid post-service review.			
95707	Eeg W/O Vid 2-	MP Criteria: Procedure/service reviewed against Medical Policy			
	12Hr Cont Mntr	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
95708	Eeg Wo Vid Ea 12-	MP Criteria: Procedure/service reviewed against Medical Policy			
	26Hr Unmntr	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
95709	Eeg W/O Vid Ea 12-	MP Criteria: Procedure/service reviewed against Medical Policy			_
	26Hr Intmt	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
95710	Eeg W/O Vid Ea 12-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	26Hr Cont	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
95711	Veeg 2-12 Hr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Unmonitored	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95712	Veeg 2-12 Hr Intmt	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Mntr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95713	Veeg 2-12 Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Mntr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95714	Veeg Ea 12-26 Hr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Unmntr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95715	Veeg Ea 12-26Hr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Intmt Mntr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95716	Veeg Ea 12-26Hr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Cont Mntr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95717	Eeg Phys/Qhp 2-12	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Hr W/O Vid	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95718	Eeg Phys/Qhp 2-12	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Hr W/Veeg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95719	Eeg Phys/Qhp Ea	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Incr W/O Vid	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95720	Eeg Phy/Qhp Ea	MP Criteria: Procedure/service reviewed against Medical Policy			_
	= : :	Criteria. Submit for Recommended Clinical Review			
	Incr W/Veeg				
	Incr W/Veeg	(Predetermination) to avoid post-service review.			
95721	Incr W/Veeg  Eeg				_
95721	Eeg	(Predetermination) to avoid post-service review.	-	-	-

95722	Eeg	MP Criteria: Procedure/service reviewed against Medical Policy			
	<del>-</del>	Criteria. Submit for Recommended Clinical Review	_	_	_
	W/Veeg	(Predetermination) to avoid post-service review.			
95723	Eeg	MP Criteria: Procedure/service reviewed against Medical Policy			
33723	•		_	_	_
	* *	Criteria. Submit for Recommended Clinical Review			
05704	W/O Vid	(Predetermination) to avoid post-service review.			
95724	Eeg	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Phy/Qhp>60<84 Hr	Criteria. Submit for Recommended Clinical Review			
	W/Veeg	(Predetermination) to avoid post-service review.			
95725	Eeg Phy/Qhp>84 Hr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/O Vid	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95905	MOTOR &/ SENS	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	NRVE CNDJ TEST	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
95919	QUAN PUPLMTRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023		Add effective
55515			1/1/2023	-	
	PHY/QHP UNI/BI	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
05706	5 8 /0 . 04.11	Payment and Coding Policy (CPCP).			
95726		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/Veeg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95803	ACTIGRAPHY	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	TESTING	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95954	Eeg	MP Criteria: Procedure/service reviewed against Medical Policy			
	Monitoring/Giving	Criteria. Submit for Recommended Clinical Review	_	_	_
	Drugs	(Predetermination) to avoid post-service review.			
95957	-	MP Criteria: Procedure/service reviewed against Medical Policy			
93937	Eeg Digital Alialysis		_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95965	MEG	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SPONTANEOUS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95999	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	NEUROLOGICAL DX	maybe subject to contract/clinical review.			
	PX				
95966	MEG EVOKED	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SINGLE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
95967	MEG EVOKED FACH	MP Criteria: Procedure/service reviewed against Medical Policy			
33307	ADDL	Criteria. Submit for Recommended Clinical Review	_	_	_
	ADDL				
0000	NAOTIONI ANIALVCIC	(Predetermination) to avoid post-service review.			
96000		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	VIDEO/3D	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96001	MOTION TEST	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/FT PRESS MEAS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96002	DYNAMIC SURFACE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	EMG	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96379	UNL	Unlisted: Procedure/service not specifically defined or classified,			
30373	THER/PROP/DIAG	maybe subject to contract/clinical review.	-	_	_
	•	maybe subject to contract/clinical review.			
06540	INJ/INF	Unlisted: Procedure/convice not energifically defined as aloes:			
96549	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	CHEMOTHERAPY	maybe subject to contract/clinical review.			
	PX				
96003	DYNAMIC FINE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	WIRE EMG	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96004	PHYS REVIEW OF	MP Criteria: Procedure/service reviewed against Medical Policy		_	_
	MOTION TESTS	Criteria. Submit for Recommended Clinical Review		=	_ <del>.</del>
		(Predetermination) to avoid post-service review.			
T.		1 sactermination, to avoid post service review.			

96912	PHOTOCHEMOTHE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	RAPY WITH UV-A	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96913	PHOTOCHEMOTHE	MP Criteria: Procedure/service reviewed against Medical Policy			
	RAPY UV-A OR B	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
96922	Laser Tx Skin >500	MP Criteria: Procedure/service reviewed against Medical Policy			
30322	Sq Cm	Criteria. Submit for Recommended Clinical Review	_	-	-
	3q Cili	(Predetermination) to avoid post-service review.			
06021	Rcm Celulr	, ,			
96931		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96932	Rcm Celulr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96933	Rcm Celulr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96934	Rcm Celulr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96999	UNLISTED SPEC	Unlisted: Procedure/service not specifically defined or classified,			
	DERM SVC/PX	maybe subject to contract/clinical review.	_	-	_
97039	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
37033	MODALITY	maybe subject to contract/clinical review. Prior Authorization may	_	-	_
	MODALITI	be required per contract agreement.			
		be required per contract agreement.			
97139	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	THERAPEUTIC PX	maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
07160	Athlatia Tau Fral				
97169	Athletic Trn Eval	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
07470	Low Cmplx	subject to pre-service review.			
97170	Athletic Trn Eval	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Mod Cmplx	subject to pre-service review.			
97171	Athletic Trn Eval	Non Covered: Procedure/service not covered by the Plan. Not	_	-	-
	High Cmplx	subject to pre-service review.			
97172	Athletic Trn Re-Eval	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
	Plan Cr	subject to pre-service review.			
96935	Rcm Celulr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
96936	Rcm Celulr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Subcelulr Img Skn	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
97610	LOW FREQUENCY	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	NON-THERMAL US	pre-service review. Check EIU policy, which is one of our Clinical	<del>-</del>	-	_
		Payment and Coding Policy (CPCP).			
97799	UNLISTED PHYSCL	Unlisted: Procedure/service not specifically defined or classified,			
37733	MED/REHAB PX	maybe subject to contract/clinical review.	_	-	-
99024	Postop Follow-Up	Non Covered: Procedure/service not covered by the Plan. Not			
99024	•	•	-	-	_
00026	Visit	subject to pre-service review.			
99026	IN-HOSPITAL ON	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
20027	CALL SERVICE	subject to pre-service review.			
99027	OUT-OF-HOSP ON	Non Covered: Procedure/service not covered by the Plan. Not	_	-	-
	CALL SERVICE	subject to pre-service review.			
99050	MEDICAL SERVICES	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	AFTER HRS	maybe subject to contract/clinical review.			
99056	MED SERVICE OUT	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	OF OFFICE	maybe subject to contract/clinical review.			
99058	OFFICE	Unlisted: Procedure/service not specifically defined or classified,			
	EMERGENCY CARE	maybe subject to contract/clinical review.	_	_	-
99070	SPECIAL SUPPLIES	Unlisted: Procedure/service not specifically defined or classified,			
	PHYS/QHP	maybe subject to contract/clinical review.	_	-	_
	i iii 3/ Qiir	maybe subject to contract/clinical review.			

20074	DATIFAIT	No. Consideration of the No.			
99071	PATIENT	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	EDUCATION	subject to pre-service review.			
2075	MATERIALS				
99075	MEDICAL	Non Covered: Procedure/service not covered by the Plan. Not	-	_	-
	TESTIMONY	subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
9078	GROUP HEALTH	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	EDUCATION	maybe subject to contract/clinical review.			
9080	SPECIAL REPORTS	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	OR FORMS	subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
9082	UNUSUAL	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	PHYSICIAN TRAVEL	maybe subject to contract/clinical review.			
9183	Hyperbaric Oxygen	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Therapy	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
9199	UNLISTED SPECIAL	Unlisted: Procedure/service not specifically defined or classified,			
	SVC PX/RPRT	maybe subject to contract/clinical review.	_	<del>-</del>	_
9360	PHYSICIAN	Non Covered: Procedure/service not covered by the Plan. Not			
		subject to pre-service review.	-	_	_
9429	UNLISTED	Unlisted: Procedure/service not specifically defined or classified,			
3423	PREVENTIVE	maybe subject to contract/clinical review.	-	_	-
	SERVICE	maybe subject to contract/clinical review.			
9446	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not			
19440	•	•	_	_	_
	Ph1/Ntrnet/Ehr 5-	subject to pre-service review.			
0.4.47	10	No. Consider December 1997 and the Bloom No.			
9447	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
		subject to pre-service review.			
	20				
9448	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not	_	_	-
		subject to pre-service review.			
	30				
99449	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not	-	_	-
	Ph1/Ntrnet/Ehr	subject to pre-service review.			
	31/>				
9450	BASIC LIFE	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	DISABILITY EXAM	subject to pre-service review.			
9451	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Ph1/Ntrnet/Ehr 5/>	subject to pre-service review.			
9452	Ntrprof	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Ph1/Ntrnet/Ehr Rfrl	subject to pre-service review.			
9453	Rem Mntr Physiol	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Param Setup	subject to pre-service review.	_	_	_
9454	Rem Mntr Physiol	Non Covered: Procedure/service not covered by the Plan. Not			
	Param Dev	subject to pre-service review.	_	_	_
9455	WORK RELATED	Non Covered: Procedure/service not covered by the Plan. Not			
3 .55	DISABILITY EXAM	subject to pre-service review.	_	-	_
9456	DISABILITY	Non Covered: Procedure/service not covered by the Plan. Not			
5430	EXAMINATION	•	-	-	-
0457		subject to pre-service review.			
9457	Rem Physiol Mntr	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
0.404	1St 20 Min	subject to pre-service review.			
9491	Chrnc Care Mgmt	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Svc 30 Min	subject to pre-service review.			
9499	UNLISTED E&M	Unlisted: Procedure/service not specifically defined or classified,	_	-	_
	SERVICE	maybe subject to contract/clinical review.			
	UNLISTED HOME	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
9600	0112.0122 110.112				
9600	VISIT SVC/PX	maybe subject to contract/clinical review.			
		maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
9600 0001A	VISIT SVC/PX		4/18/2023		Add effective 04/18/2023
	VISIT SVC/PX ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023 4/18/2023	-	

0003A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	· · · · · · · · · · · · · · · · · · ·	subject to pre-service review.			04/18/2023
004A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	30MCG/0.3ML BST	subject to pre-service review.			04/18/2023
011A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	100MCG/0.5ML1ST	subject to pre-service review.			04/18/2023
0012A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	, -, -	_	04/18/2023
	D				0 1, -0, -0-0
0013A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	, -, -	_	04/18/2023
	20011100/01011120112				0 ., 20, 2020
0051A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	, -, -	_	04/18/2023
	2011100 1110 00011 2				0 ., 20, 2020
0052A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	.,,	_	04/18/2023
	3011100 1110 000112				0 ., 20, 2020
0052U	LPOPRTN BLD W/5	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	MAJ CLASSES	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	5 52 15525	Payment and Coding Policy (CPCP).			
0053A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	, -,	_	04/18/2023
	SUITED THE SUCK S	and the productive review.			0-7/10/2023
0054A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	17 107 2023	_	04/18/2023
	JUNICO TRO-JUCK B	Subject to pre-service review.			04/ 10/ 2023
)054T	BONE SRGRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
70541	CMPTR FLUOR	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
NO. ET	IMAGE BONE CROPY	Payment and Coding Policy (CPCP).			
0055T	BONE SRGRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	CMPTR CT/MRI	pre-service review. Check EIU policy, which is one of our Clinical			
	IMAG	Payment and Coding Policy (CPCP).			
0062U	AI SLE IGG&IGM	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	ALYS 80 BMRK	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0063U	NEURO AUTISM 32	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	AMINES ALG	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0064A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	50MCG/0.25MLBST	subject to pre-service review.			04/18/2023
0066U	PAMG-1 IA	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	CERVICO-VAG	pre-service review. Check EIU policy, which is one of our Clinical			
	FLUID	Payment and Coding Policy (CPCP).			
0071A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
	10MCG TRS-SUCR 1	subject to pre-service review.			04/18/2023
					. ,
0072A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.			04/18/2023
		,			0 ., 20, 2020
0073A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	, -,	_	04/18/2023
	TOMICO TRO-SOCK S	Subject to pre service review.			0-1 10/2023
0074A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
		subject to pre-service review.	17 107 2023	_	04/18/2023
	TOMICO TRO-SOCK B	Subject to pre-service review.			04/ 10/ 2023
97533	Sensory Integration	MP Criteria: Procedure/service reviewed against Medical Policy			
,,,,,,,	Schooly integration	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
97537	Community/Work	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
97537	Community/Work Reintegration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
97537	· ·	Criteria. Submit for Recommended Clinical Review	_	-	_
	Reintegration	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/40/2022	_	Add officers
97537 0081A	· ·	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	-	Add effective 04/18/2023

0082A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	3MCG TRS-SUCR 2	subject to pre-service review.			04/18/2023
0083A	ADM SARSCV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
	3MCG TRS-SUCR 3	subject to pre-service review.		_	04/18/2023
0084U		Non Covered: Procedure/service not covered by the Plan. Not			0 1/ 10/ 2023
00040	Bld Groups	subject to pre-service review.	_	-	-
000611					
0086U	Nfct Ds Bact&Fng	Non Covered: Procedure/service not covered by the Plan. Not	_	-	-
	Org Id 6+	subject to pre-service review.			
0087U	Crd Hrt Trnspl Mrna	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	1283 Gen	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0088U	Turneral: Italia Alauft	Non Covered: Procedure/service not covered by the Plan. Not			
00880	Trnsplj Kdn Algrft	·	-	-	-
	Rej 1494	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0089U	Onc Minma Prame	Non Covered: Procedure/service not covered by the Plan. Not			
	& Linc00518	subject to pre-service review. Prior Authorization may be required	_	_	_
	& LIIICOUSTO				
		per contract agreement.			
0090U	Onc Cutan Mlnma	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Mrna 23 Gene	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
		per contract agreement.			
0091A	ADM SARSCOV2 50	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	MCG/.5 ML1ST	subject to pre-service review.			04/18/2023
0091U	Onc Clrct Scr Whl	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Bld Alg	subject to pre-service review.	_	_	_
0092A		Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
00027	MCG/.5 ML2ND	subject to pre-service review.	., 10, 2020	_	04/18/2023
0092U	Onc Lng 3 Prtn	Non Covered: Procedure/service not covered by the Plan. Not			04/18/2023
00920	<del>-</del>		_	_	-
	Bmrk Plsm Alg	subject to pre-service review.	. / /		
0093A	ADM SARSCOV2 50	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	MCG/.5 ML3RD	subject to pre-service review.			04/18/2023
0093U	Rx Mntr 65 Com	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Drugs Urine	subject to pre-service review.			
0094A	ADM SARSCOV2 50	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023		Add effective
	MCG/.5 MLBST	subject to pre-service review.		_	04/18/2023
0094U	Genome Rapid	Non Covered: Procedure/service not covered by the Plan. Not			7 - 5/ - 5 - 5
003 10	Sequence Alys	subject to pre-service review. Prior Authorization may be required	_	-	_
	Sequence Alys				
		per contract agreement.			
0095U	Inflm Ee Elisa Alys	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Alg	subject to pre-service review.	_	_	_
0096U	Hpv Hi Risk Types	Non Covered: Procedure/service not covered by the Plan. Not			
00300	Male Urine	subject to pre-service review.	-	_	-
0100T					
0100T	PROSTH RETINA	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	RECEIVE&GEN	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0101T	ESW MUSCSKEL SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	NOS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0101U	Hered Colon Ca Do	Non Covered: Procedure/service not covered by the Plan. Not			
	15 Genes	subject to pre-service review. Prior Authorization may be required	_	_	_
	13 delles				
		per contract agreement.			
0102T	ESW PHY ANES LAT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	HMRL EPCNDL	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
0102U	Hered Brst Ca RItd	Non Covered: Procedure/service not covered by the Plan. Not			
01020			-	-	-
	Do 17 Gen	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0103U	Hered Ova Ca Pnl	Non Covered: Procedure/service not covered by the Plan. Not			
02000	24 Genes	•	_	_	-
	24 001165	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0105U	Neph Ckd Mult Eclia	Non Covered: Procedure/service not covered by the Plan. Not			
	Tum Nec	subject to pre-service review.	_	_	_
	I GITT I VCC	dadject to pre service review.			

0106T	TOUCH QUANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SENSORY TEST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0106U	GSTR EMPTG 7	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	TIMED BRTH SPEC	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
0107T	VIBRATE QUANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
01071	SENSORY TEST	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	SENSORT TEST				
010711	C D:ff T A- D-t-:	Payment and Coding Policy (CPCP).			
0107U	C Diff Tox Ag Detcj	Non Covered: Procedure/service not covered by the Plan. Not	_	-	-
	la Stool	subject to pre-service review.			
0108T	COOL QUANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SENSORY TEST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0108U	Gi Barrett Esoph 9	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Prtn Bmrk	subject to pre-service review.			
0109T	HEAT QUANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SENSORY TEST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0109U	Id Aspergillus Dna 4	Non Covered: Procedure/service not covered by the Plan. Not			
	Species	subject to pre-service review.	_	_	_
0110T	NOS QUANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
01101	SENSORY TEST		_	-	_
	SENSORY TEST	pre-service review. Check EIU policy, which is one of our Clinical			
044011	2.11.1.0.10	Payment and Coding Policy (CPCP).			
0110U		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Rx&Sbsts	subject to pre-service review.			
0111A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	25MCG/0.25ML1ST	subject to pre-service review.			04/18/2023
0111U	Onc Colon Ca	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Kras&Nras Alys	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
01124	ADM SARSCOV2	Non-Courand Decording (coming not coursed by the Dieg. Not	4/10/2022		Add effective
0112A		Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	
		subject to pre-service review.			04/18/2023
	D				
0112U	ladi 16S&18S Rrna	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Genes	subject to pre-service review.			
0113A	ADM SARSCOV2	Non Covered: Procedure/service not covered by the Plan. Not	4/18/2023	_	Add effective
	25MCG/0.25ML3RD	subject to pre-service review.			04/18/2023
0113U					
	Onc Prst8	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required	_	-	-
			-	_	-
011411	Pca3&Tmprss2-Erg	subject to pre-service review. Prior Authorization may be required per contract agreement.	_	_	_
0114U	Pca3&Tmprss2-Erg Gi Barretts Esoph	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
0114U	Pca3&Tmprss2-Erg	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required	-	-	-
0114U	Pca3&Tmprss2-Erg Gi Barretts Esoph	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Pca3&Tmprss2-Erg Gi Barretts Esoph Vim&Ccna1	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0114U 0115U	Pca3&Tmprss2-Erg  Gi Barretts Esoph  Vim&Ccna1  Respir ladna 18	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
0115U	Pca3&Tmprss2-Erg  Gi Barretts Esoph  Vim&Ccna1  Respir ladna 18  Viral&2 Bact	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	- - -
0115U 0116U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -	-	- - -
0115U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	- - -	- - - -
0115U 0116U 0117U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	- - - -	- - - -
0115U 0116U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll-	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not	- - - -	- - - -	- - - -
0115U 0116U 0117U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	- - - -	- - - -
0115U 0116U 0117U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll-	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not	_	- - - -	- - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required per contract agreement.	_	- - - -	- - - - -
0115U 0116U 0117U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not	_	- - - -	- - - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	- - - -	- - - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	- - - -	- - - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required	_	- - - - -	- - - - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	- - - -	- - - - - -
0115U 0116U 0117U 0118U	Gi Barretts Esoph Vim&Ccna1  Respir Iadna 18 Viral&2 Bact Rx Mntr Nzm Ia 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required	_	- - - -	- - - - - -
0115U 0116U 0117U 0118U 0119U 0120U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm Mrna 58 Gen	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required per contract agreement.	_	- - - - -	- - - - - - -
0115U 0116U 0117U 0118U 0119U 0120U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm Mrna 58 Gen	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	_	- - - - -	- - - - - - -
0115U 0116U 0117U 0118U 0119U 0120U	Gi Barretts Esoph Vim&Ccna1  Respir ladna 18 Viral&2 Bact Rx Mntr Nzm la 35+Oral Flu Pain Mgmt 11 Endogenous Anal Trnsplj Don-Drv Cll- Fr Dna  Crd Ceramides Liq Chrom Plsm Onc B Cll Lymphm Mrna 58 Gen  Sc Dis Vcam-1 Whole Blood	subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Prior Authorization may be required per contract agreement.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	_	- - - - - -	- - - - - - -

0123U		Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
04001	Prflg	subject to pre-service review.			
0129U	Hered Brst Ca Ritd Do Panel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0130U	Hered Colon Ca Do Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0131U	Hered Brst Ca Ritd Do Pnl 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0132U	Hered Ova Ca Rltd Do Pnl 17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0133U	Hered Prst8 Ca Rltd Do 11	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0134U	Hered Pan Ca Mrna Pnl 18 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0136U	Atm Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0137U	Palb2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0138U	Brca1 Brca2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0140U	Nfct Ds Fungi Dna 15 Trgt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0141U	Nfct Ds Bact&Fng Gram Pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0142U	Nfct Ds Bact&Fng Gram Neg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0143U	Drug Assay 120+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
0144U	Drug Assay 160+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
0145U	Drug Assay 65+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
0146U	Drug Assay 80+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0147U	Drug Assay 85+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0148U	Drug Assay 100+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0149U	Drug Assay 60+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0150U	Drug Assay 120+ Rx/Metablt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0152U	Nfct Ds Dna Untrgt Ngnrj Seq		-	-	-
0153U	Onc Breast Mrna 101 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-

0154U	Onc Urthl Ca Rna	Non Covered: Procedure/service not covered by the Plan. Not			
	Fgfr3 Gene	subject to pre-service review. Prior Authorization may be required	_	-	_
	rgii 3 deile				
		per contract agreement.			
015511	One Bret Co Dno	Non Covered, Dragadure/comiss not severed by the Dian. Not			
0155U	Onc Brst Ca Dna	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
	Pik3Ca Gene	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0156U	Copy Number	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Sequence Alys	subject to pre-service review. Prior Authorization may be required			
	Sequence 7 mys				
		per contract agreement.			
0157U	Apc Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not			
01370	ripe ivii ila seq riiys		-	-	_
		subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
045011	NAULA NA C Al	No. Consider Description for the state of the Discontinuous			
0158U	Min1 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
		subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0159U	Msh2 Mrna Seq	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Alys	subject to pre-service review. Prior Authorization may be required			
	, 5				
		per contract agreement.			
0160U	Msh6 Mrna Seq	Non Covered: Procedure/service not covered by the Plan. Not			
01000	•	•	-	-	-
	Alys	subject to pre-service review. Prior Authorization may be required			
		per contract agreement.			
0161U	Pms2 Mrna Seq	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Alys	subject to pre-service review. Prior Authorization may be required			
	·	per contract agreement.			
		per contract agreement.			
0162U	Hered Colon Ca Trgt	Non Covered: Procedure/service not covered by the Plan. Not			
	Mrna Pnl	subject to pre-service review. Prior Authorization may be required	_	_	<del>-</del>
	IVIIIIa FIII				
		per contract agreement.			
0198T	OCULAR BLOOD	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
01361			-	-	_
	FLOW MEASURE	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0202T	POST VERT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	ARTHRPLST 1		-	_	<del>-</del>
		pre-service review. Check EIU policy, which is one of our Clinical			
	LUMBAR	Payment and Coding Policy (CPCP).			
0207T	CLEAR EYELID	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	GLAND W/HEAT	pre-service review. Check EIU policy, which is one of our Clinical			
	CE III WITH EAT				
		Payment and Coding Policy (CPCP).			
0219T	PLMT POST FACET	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	IMPLT CERV	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0220T	DI NAT DOCT FACET				
0220T	PLMT POST FACET	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	_
	IMPLT THOR	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0221T	PLMT POST FACET	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
02211			-	-	_
	IMPLT LUMB	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0222T	PLMT POST FACET	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
			_	_	_
	IMPLT ADDL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0224U	ANTIBODY SARS-	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	COV-2 TITER(S)	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
	55 v 2 111EN(5)				00,01,2025
		Payment and Coding Policy (CPCP).	- 1 - 1		
0226U	SVNT SARSCOV2	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	ELISA PLSM SRM	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			-, -, -, -, -, -, -, -, -, -, -, -, -, -
0232T	NJX PLATELET	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	_
	PLASMA	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
00757	DEDO CTENT/CUECT				
0075T		MP Criteria: Procedure/service reviewed against Medical Policy	_	-	-
0075T	PERQ STENT/CHEST VERT ART		-	-	-

0263T	IM B1 MRW CEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
02001			_	_	-
	THER CMPL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0264T	IM B1 MRW CEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	THER XCL HRVST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
02657	INA DA NADIM CEL				
0265T	IM B1 MRW CEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	THER HRVST ONL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0076T	S&I STENT/CHEST	MP Criteria: Procedure/service reviewed against Medical Policy			
00701	VERT ART	Criteria. Submit for Recommended Clinical Review	_	_	_
	VENT ANT				
		(Predetermination) to avoid post-service review.			
0253T	INSERT AQUEOUS	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DRAIN DEVICE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
02667	IMPLT/DDL CDTD	· · · · · · · · · · · · · · · · · · ·			
0266T	IMPLT/RPL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SNS DEV TOTAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0267T	IMPLT/RPL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy			
0207.	•	,	_	_	_
	SNS DEV LEAD	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0268T	IMPLT/RPL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SNS DEV GEN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
02.00	DEV/DEMAN COTO	· · · · · · · · · · · · · · · · · · ·			
0269T	REV/REMVL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SNS DEV TOTAL	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0270T	REV/REMVL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy			
02701	SNS DEV LEAD	Criteria. Submit for Recommended Clinical Review	_	_	-
	SINS DEV LEAD				
		(Predetermination) to avoid post-service review.			
0271T	REV/REMVL CRTD	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	SNS DEV GEN	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0274T	PERQ LAMOT/LAM	· · · · · · · · · · · · · · · · · · ·			
02/41	•		-	-	-
	CRV/THRC	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0275T	PERQ LAMOT/LAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	LUMBAR	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	LOWIDAN	• • • • • • • • • • • • • • • • • • • •			
		Payment and Coding Policy (CPCP).			
0278T	TEMPR	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0330T	TEAR FILM IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
03301			-	-	-
	UNI/BI W/I&R	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0272T	INTERROGATE	MP Criteria: Procedure/service reviewed against Medical Policy			
	CRTD SNS DEV	Criteria. Submit for Recommended Clinical Review	-	_	_
	CRID SINS DEV				
		(Predetermination) to avoid post-service review.			
0335T	INSJ SINUS TARSI	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	IMPLANT	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0338T	TRNSCTH RENAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
03361			-	-	-
	SYMP DENRV UNL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0339T	TRNSCTH RENAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	
	SYMP DENRV BIL	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	JIIVII DLIVINV DIL				
		Payment and Coding Policy (CPCP).			
0273T	INTERROGATE	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	CRTD SNS	Criteria. Submit for Recommended Clinical Review			
	W/PGRMG	(Predetermination) to avoid post-service review.			
0347T	INS BONE DEVICE	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
03471			-	-	-
	FOR RSA	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			

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0436T	PRGRMG EVAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	NPGS APNEA	pre-service review. Check EIU policy, which is one of our Clinical			
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0354T	OCT BREAST SURG	MP Criteria: Procedure/service reviewed against Medical Policy			
33341			-	_	-
	CAVITY I&R	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0398T	MRGFUS STRTCTC	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
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		(Predetermination) to avoid post-service review.			
0464T	VICUAL ED TECT	·			
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0449T	INSJ AQUEOUS	MP Criteria: Procedure/service reviewed against Medical Policy			
	DRAIN DEV 1ST	Criteria. Submit for Recommended Clinical Review	_	_	_
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0472T	PRGRMG IO RTA	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	_
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0473T	REPRGRMG IO RTA	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
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		Payment and Coding Policy (CPCP).			
0450T	INSJ AQUEOUS	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DRAIN DEV EACH	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0465T	SUPCHRDL NJX RX	MP Criteria: Procedure/service reviewed against Medical Policy			
J4031			_	_	-
	W/O SUPPLY	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0474T	INSJ AQUEOUS DRG	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	DEV IO RSVR	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0479T	FXJL ABL LSR 1ST	· · · · · · · · · · · · · · · · · · ·			
J4791		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	100 SQ CM	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0480T	FXJL ABL LSR EA	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ADDL 100SQCM	Criteria. Submit for Recommended Clinical Review			
	7.222 2000 Qe	(Predetermination) to avoid post-service review.			
24057	OCT MAID EAD IOD	· · · · · · · · · · · · · · · · · · ·			
0485T	OCT MID EAR I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	UNILATERAL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0486T	OCT MID EAR I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	BILATERAL	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	DILATENAL				
		Payment and Coding Policy (CPCP).			
0499T	CYSTO F/URTL	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	STRIX/STENOSIS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0507T	NEAR IFR 2IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
33071			_	-	-
	MIBMN GLND I&R	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0508T	PLS ECHO US B1	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	DNS MEAS TIB	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0509T	PATTERN ERG	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
33031			-	-	-
	W/I&R	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0511T	RMVL&RINSJ SINUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	TARSI IMPLT	pre-service review. Check EIU policy, which is one of our Clinical	_		
		p. 5 55. The review. Check the policy, which is one of our chillen			
		Decimand and Coding Deline (CDCD)			
		Payment and Coding Policy (CPCP).			
0512T	ESW INTEG WND	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to		_	_
D512T			-	-	-
0512T	ESW INTEG WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_

0513T	ESW INTEG WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to						
	HLG EA ADDL	pre-service review. Check EIU policy, which is one of our Clinical	_		_		_	
	1120 27171002	Payment and Coding Policy (CPCP).						
0402T	TN 41/1							
0483T	TMVI	MP Criteria: Procedure/service reviewed against Medical Policy	_		-		_	
	PERCUTANEOUS	Criteria. Submit for Recommended Clinical Review						
	APPROACH	(Predetermination) to avoid post-service review.						
0533T	CONT REC MVMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_		_		_	
	DO 6-10 DAYS	pre-service review. Check EIU policy, which is one of our Clinical						
		Payment and Coding Policy (CPCP).						
0534T	CONT REC MVMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to						
	DO SETUP&TRAIN	pre-service review. Check EIU policy, which is one of our Clinical	-		-		-	
	DO SETOT & TRAIN							
05257	CONT. DEC. N.W. 4T	Payment and Coding Policy (CPCP).						
0535T	CONT REC MVMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-		-		-	
	DO REPRT CNFIG	pre-service review. Check EIU policy, which is one of our Clinical						
		Payment and Coding Policy (CPCP).						
0536T	CONT REC MVMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_		_		_	
	DO DL W/I&R	pre-service review. Check EIU policy, which is one of our Clinical						
		Payment and Coding Policy (CPCP).						
0484T	TMVI	MP Criteria: Procedure/service reviewed against Medical Policy						
0.0	TRANSTHORACIC	Criteria. Submit for Recommended Clinical Review	_		_		_	
	EXPOSURE	(Predetermination) to avoid post-service review.						
0563T	EVAC MEIBOMIAN	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_		_		_	
	GLND HEAT BI	pre-service review. Check EIU policy, which is one of our Clinical						
		Payment and Coding Policy (CPCP).						
0565T	AUTOL CELL IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to						
	ADPS HRVG	pre-service review. Check EIU policy, which is one of our Clinical	_		_		_	
	71013111110	Payment and Coding Policy (CPCP).						
0566T	AUTOL CELL IMPLT							
03001		· · · · · · · · · · · · · · · · · · ·	-		-		-	
	ADPS NJX	pre-service review. Check EIU policy, which is one of our Clinical						
		Payment and Coding Policy (CPCP).						
0524T	EV CATH DIR CHEM	MP Criteria: Procedure/service reviewed against Medical Policy	_		_		_	
	ABLTJ W/IMG	Criteria. Submit for Recommended Clinical Review						
		(Predetermination) to avoid post-service review.						
0537T	BLD DRV T	MP Criteria: Procedure/service reviewed against Medical Policy		6/15/2023			Ac	d effective
	LYMPHCYT CAR-T	Criteria. Submit for Recommended Clinical Review				_	0	5/15/2023
	CLL	(Predetermination) to avoid post-service review.						, ==, ====
0538T	BLD DRV T	MP Criteria: Procedure/service reviewed against Medical Policy		6/15/2023			۸۰	d effective
05501				3/13/2023		_		
	LYMPHCYT PREP	Criteria. Submit for Recommended Clinical Review					U	5/15/2023
	TRNS	(Predetermination) to avoid post-service review.						
0539T	RECEIPT&PREP CAR-	- MP Criteria: Procedure/service reviewed against Medical Policy		5/15/2023		_	Ac	d effective
	T CLL ADMN	Criteria. Submit for Recommended Clinical Review					0	5/15/2023
		(Predetermination) to avoid post-service review.						
0602T	TRANSDERMAL GFR	EIU: Procedure/service not reimbursed by the Plan. Not subject to						
	MEASUREMENTS	pre-service review. Check EIU policy, which is one of our Clinical	_		_		_	
	WIEASONEWIEWIS							
00007	TRANSPERMAN CER	Payment and Coding Policy (CPCP).						
0603T		EIU: Procedure/service not reimbursed by the Plan. Not subject to			_		-	
			-					
	MONITORING	pre-service review. Check EIU policy, which is one of our Clinical	-					
			-					
0615T		pre-service review. Check EIU policy, which is one of our Clinical						
0615T	MONITORING  EYE MVMT ALYS	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	_		_		_	
0615T	MONITORING	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	_		-		_	
	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		-		-	
	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R  EVASC VEN ARTLZ	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-		-		-	
	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-		-		-	
0620T	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R  EVASC VEN ARTLZ  TIBL/PRNL VN	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -		-		-	
0615T 0620T 0621T	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R  EVASC VEN ARTLZ	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		-		-	
0620T	MONITORING  EYE MVMT ALYS  W/O CALBRJ I&R  EVASC VEN ARTLZ  TIBL/PRNL VN	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		-		-	
0620T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-		-		-	
0620T 0621T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		-		-	
0620T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER  TRABECULOSTOMY	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-		-			
0620T 0621T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-		-		-	
0620T 0621T 0622T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER  TRABECULOSTOMY INT LSR W/SCP	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -		-		- - -	
0620T 0621T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER  TRABECULOSTOMY INT LSR W/SCP	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to Payment and Coding Policy (CPCP).	-		-		-	
0620T 0621T 0622T	MONITORING  EYE MVMT ALYS W/O CALBRJ I&R  EVASC VEN ARTLZ TIBL/PRNL VN  TRABECULOSTOMY INTERNO LASER  TRABECULOSTOMY INT LSR W/SCP	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		-		- - -	

0624T					
00241	AUTO QUAN C	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	PLAQ DATA PREP	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0625T	AUTO QUAN C	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00231		pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	PLAQ CPTR ALYS	· · · · · · · · · · · · · · · · · · ·			
		Payment and Coding Policy (CPCP).			
0626T	AUTO QUAN C	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	PLAQ I&R	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0627T	PERQ NJX ALGC	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	FLUOR LMBR 1ST	pre-service review. Check EIU policy, which is one of our Clinical	<del>-</del>	_	_
	1200112111211211	Payment and Coding Policy (CPCP).			
0628T	PERQ NJX ALGC	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00201			-	_	-
	FLUOR LMBR EA	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0629T	PERQ NJX ALGC CT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	LMBR 1ST	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0630T	PERQ NJX ALGC CT	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00301	LMBR EA	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	LIVIDN EA				
		Payment and Coding Policy (CPCP).			
0631T	TC VIS LIT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	HYPERSPECTRAL	pre-service review. Check EIU policy, which is one of our Clinical			
	IMG	Payment and Coding Policy (CPCP).			
0632T	PERQ TCAT US	EIU: Procedure/service not reimbursed by the Plan. Not subject to		6/30/2023	Retire effective
	ABLTJ NRV P-ART	pre-service review. Check EIU policy, which is one of our Clinical	_		06/30/2023
	7.52.57.11.77.11.1	Payment and Coding Policy (CPCP).			00,00,2020
0540T	CAR-T CLL ADMN	MP Criteria: Procedure/service reviewed against Medical Policy	6/15/2023		Add effective
05401			0/15/2025	_	
	AUTOLOGOUS	Criteria. Submit for Recommended Clinical Review			06/15/2023
		(Predetermination) to avoid post-service review.			
0639T	WRLS SKN SNR	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	ANISOTROPY MEAS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0640T	NCNTC NR IFR	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	SPCTRSC WND	pre-service review. Check EIU policy, which is one of our Clinical	<del>-</del>	_	_
	or embe with	Payment and Coding Policy (CPCP).			
0641T	NCNTC NR IFR	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00411	INCINIC INDIED	Elo. Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0642T			_	_	_
0642T	SPCTRSC WND IMG	Payment and Coding Policy (CPCP).	-	-	-
0642T	SPCTRSC WND IMG	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	SPCTRSC WND IMG  NCNTC NR IFR  SPCTRSC WND I&R	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	SPCTRSC WND IMG  NCNTC NR IFR  SPCTRSC WND I&R	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
0544T	NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0544T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
0544T	NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	- -	-	-
0544T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	- -	- -	-
0544T 0587T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
0544T 0587T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN REVISION/REMOVA	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	- - -	-
0544T 0587T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN REVISION/REMOVA L ISDNS PTN	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed (Predetermination) to avoid post-service reviewed (Predetermination) to avoid post-service review.	-	- - -	- -
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy	- - -	- - -	- - -
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN REVISION/REMOVA L ISDNS PTN	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - -	-	- - -
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed (Predetermination) to avoid post-service reviewed.		-	- - -
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - - - 1/1/2023	- - -	Add effective
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed (Predetermination) to avoid post-service reviewed.		- - - -	Add effective 01/01/2023
0544T 0587T 0588T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		- - - -	
0544T 0587T 0588T 0589T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		- - - -	
0544T 0587T 0588T 0589T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY VRT BDY	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to		- - - -	
0642T 0544T 0587T 0588T 0589T 0651T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY VRT BDY TETHERING ANT <7	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		- - - -	
0544T 0587T 0588T 0589T 0651T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY VRT BDY TETHERING ANT <7 SEG	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		- - -	
0544T 0587T 0588T 0589T 0651T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY VRT BDY TETHERING ANT <7	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		- - -	
0544T 0587T 0588T 0589T	SPCTRSC WND IMG  NCNTC NR IFR SPCTRSC WND I&R  TCAT MV ANNULUS RCNSTJ  PERQ IMPLTJ/RPLCMT ISDNS PTN  REVISION/REMOVA L ISDNS PTN  ELEC ALYS SMPL PRGRMG IINS  MAG CTRLD CAPSULE ENDOSCOPY VRT BDY TETHERING ANT <7 SEG VRT BDY	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		- - - - -	

0590T	ELEC ALYS CPLX	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PRGRMG IINS	Criteria. Submit for Recommended Clinical Review	_	_	_
	i Kokwio iii 43	(Predetermination) to avoid post-service review.			
0664T	DON	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00041			-	-	_
	HYSTERECTOMY	pre-service review. Check EIU policy, which is one of our Clinical			
	OPEN CDVR	Payment and Coding Policy (CPCP).			
0665T	DON	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	HYSTERECTOMY	pre-service review. Check EIU policy, which is one of our Clinical			
	OPEN LIV	Payment and Coding Policy (CPCP).			
0666T	DON	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	HYSTERECTOMY	pre-service review. Check EIU policy, which is one of our Clinical	_	_	<del>-</del>
	LAPS LIV	Payment and Coding Policy (CPCP).			
0667T	DON	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
00071			_	-	-
	HYSTERECTOMY	pre-service review. Check EIU policy, which is one of our Clinical			
	RCP UTER	Payment and Coding Policy (CPCP).			
0668T	BKBENCH PREP	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	DON UTER ALGRFT	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0669T	BKBENCH RCNSTJ	EIU: Procedure/service not reimbursed by the Plan. Not subject to		_	_
	DON UTER VEN	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
0670T	BKBENCH RCNSTJ	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
06701			-	-	_
	DON UTER ARTL	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0672T	NDOVAG CRYG RF	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	REMDL TISS	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0743T	B1 STR & FX RSK	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023		Add effective
	VRT FX ASSMT	pre-service review. Check EIU policy, which is one of our Clinical	, ,	_	01/01/2023
	VIII 1 X 7 ISSIVII	Payment and Coding Policy (CPCP).			01,01,2023
0744T	INSJ BIOPROSTC		9/1/2023		Add effective
0/441		EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	_	
	VLV FEM VN	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
0632T	PERQ TCAT US	MP Criteria: Procedure/service reviewed against Medical Policy	7/1/2023	_	Add effective
	ABLTJ NRV P-ART	Criteria. Submit for Recommended Clinical Review			07/01/2023
		(Predetermination) to avoid post-service review.			
0643T	TCAT L VENTR	MP Criteria: Procedure/service reviewed against Medical Policy			
	RSTRJ DEV IMPLT	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
0645T	TCAT IMPLITE C SING	MP Criteria: Procedure/service reviewed against Medical Policy			
00451		- · · · · · · · · · · · · · · · · · · ·	-	-	_
	RDCTJ DEV	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0646T	TTVI/RPLCMT	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	W/PRSTC VLV PERQ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0748T	NJX STM CL PRDCT	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
	ANL SFT TIS	pre-service review. Check EIU policy, which is one of our Clinical	-, ,	_	09/01/2023
	AIVESTTTIS				03/01/2023
OCEOT	DDCDMC DEVIEWAL	Payment and Coding Policy (CPCP).			
0650T		MP Criteria: Procedure/service reviewed against Medical Policy	_	-	_
	SCRMS REMOTE	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0658T		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
18690	Elec Impd Spectrsc				
00381	Elec Impd Spectrsc 1+Skn Les	Criteria. Submit for Recommended Clinical Review			
00581					
	1+Skn Les	(Predetermination) to avoid post-service review.		8/31/2023	Add effective
0744T	1+Skn Les  INSJ BIOPROSTC	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	6/15/2023	8/31/2023	Add effective
	1+Skn Les	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review		8/31/2023	06/15/2023; Retire
	1+Skn Les  INSJ BIOPROSTC	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy		8/31/2023	06/15/2023; Retire effective
0744Т	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	06/15/2023; Retire effective 08/31/2023
	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to		8/31/2023	06/15/2023; Retire effective
0744Т	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	06/15/2023; Retire effective 08/31/2023
0744T	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN  Tc Mag Stimj Pn 1St	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/15/2023	8/31/2023	06/15/2023; Retire effective 08/31/2023 Add effective
0744Т	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN  Tc Mag Stimj Pn 1St  Tx 1Nrv	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/15/2023	8/31/2023	06/15/2023; Retire effective 08/31/2023 Add effective
0744T 0766T	1+Skn Les  INSJ BIOPROSTC  VLV FEM VN  Tc Mag Stimj Pn 1St	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	6/15/2023	8/31/2023 - -	06/15/2023; Retire effective 08/31/2023 Add effective 07/01/2023

0767T	Tc Mag Stimj Pn 1St Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	7/1/2023	-	Add effective 07/01/2023
0746T	CAR ABLT RAD ARR	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy	6/15/2023		Add effective
	CNV LOC MAP	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.			06/15/2023
0768Т	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
0747T	CAR ABLT RAD ARRHYT DLVR RAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	6/15/2023	-	Add effective 06/15/2023
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	(Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	7/1/2023	-	Add effective 07/01/2023
0748Т	NJX STM CL PRDCT ANL SFT TIS	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0770Т	VR TECHNOLOGY ASSIST THERAPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0764T	ASSTV ALG ECG RSK ASMT CNCRT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	Add effective 06/15/2023
0771T	VR PX DISSOC SVC SM PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0765T	ASSTV ALG ECG RSK ASMT PREV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	Add effective 06/15/2023
0772Т	VR PX DISSOC SVC SM PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0766Т	Tc Mag Stimj Pn 1St Tx 1Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0773Т	VR PX DISSOC SVC OTH PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0767Т	Tc Mag Stimj Pn 1St Tx Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0774T	VR PX DISSOC SVC OTH PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0768Т	Tc Mag Stimj Pn Sbsq Tx 1Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0775T	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
0776Т	THER INDCTJ NTRABRN HYPTHRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0769Т	Tc Mag Stimj Pn Sbsq Tx Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0777T	R-T PRS SENSING EDRL GDN SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023

0770T	VR TECHNOLOGY ASSIST THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire
		(Predetermination) to avoid post-service review.			effective 08/31/2023
0778T	SMMG CNCRNT APPL IMU SNR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0771T	VR PX DISSOC SVC SM PHY 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0779T	GI MYOELECTRICAL ACTV STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0772Т	VR PX DISSOC SVC SM PHY EA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0781T	BRNCHSC RF DSTRJ PULM NRV BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0773Т	VR PX DISSOC SVC OTH PHY 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0782Т	BRNCHSC RF DSTRJ PLM NRV UNI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
0774T	VR PX DISSOC SVC OTH PHY EA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0783T	TC AURICULR NEUROSTIMULATIO N	EIU: Procedure/service not 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
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EIU: Procedure/service not reimbursed by the Plan. Not 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
0776Т	THER INDCTJ NTRABRN HYPTHRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	
0777Т	R-T PRS SENSING EDRL GDN SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0778T	SMMG CNCRNT APPL IMU SNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0779Т	GI MYOELECTRICAL ACTV STUDY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0781T	BRNCHSC RF DSTRJ PULM NRV BI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023

July 2023

0782Т	BRNCHSC RF DSTRJ PLM NRV UNI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0793Т	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging	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
0795T	TCAT INS 2CHMBR LDLS PM CMPL	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	TCAT INS 2CHMBR LDLS PM RA	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	TCAT INS 2CHMBR LDLS PM RV	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	TCAT RMV 2CHMBR LDLS PM CMPL	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	TCAT RMVL 2CHMBR LDLS PM RA	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	TCAT RMVL 2CHMBR LDLS PM RV	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	PULM TISS VNTJ ALYS PREV CT	EIU: Procedure/service not 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	PULM TISS VNTJ ALYS W/CT	EIU: Procedure/service not 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
0801T	TCAT RMV&RPL 2CHMBR LDLS PM	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/I ns/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	subject to pre-service review.	-	-	-
213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213FA	Corr Eye Surgery Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213GA	Premiums Non- Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213HA	Copays Non- Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213JA	Limited Purpose HCA Non- Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
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.	-	-	-

0802T 0803T 0804T 0805T 0806T 0810T A0999 A2001	RMV&RPL2CHMB LDLS PM RA TCAT RMV&RPL2CHMB LDLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	7/1/2023  7/1/2023  7/1/2023  7/1/2023  7/1/2023	- - - -	Add effective 07/01/2023  Add effective 07/01/2023
803T 804T 805T 806T 810T	RMV&RPL2CHMB LDLS PM RA  TCAT RMV&RPL2CHMB LDLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023 7/1/2023 7/1/2023 7/1/2023	-	Add effective 07/01/2023  Add effective 07/01/2023
0804T 0805T 0806T 0810T	LDLS PM RA TCAT RMV&RPL2CHMB LDLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023 7/1/2023 7/1/2023	-	Add effective 07/01/2023
D804T D805T D806T D810T	TCAT RMV&RPL2CHMB LDLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023 7/1/2023 7/1/2023	-	Add effective 07/01/2023  Add effective 07/01/2023  Add effective 07/01/2023  Add effective 07/01/2023
0804T 0805T 0806T 0810T	RMV&RPL2CHMB LDLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023 7/1/2023 7/1/2023	-	Add effective 07/01/2023  Add effective 07/01/2023  Add effective 07/01/2023  Add effective 07/01/2023
0805T 0806T 0810T 40999	DLS PM RV PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	Add effective 07/01/2023  Add effective 07/01/2023  Add effective 07/01/2023  Add effective
D805T D806T D810T	PRGRMG EVL LDLS PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	O7/01/2023  Add effective O7/01/2023  Add effective O7/01/2023  Add effective
0805T 0806T 0810T	PM 2CHMBR IP  TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	O7/01/2023  Add effective O7/01/2023  Add effective O7/01/2023  Add effective
0806T 0810T 08999	TCAT S&IVC PRSTC VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	Add effective 07/01/2023  Add effective 07/01/2023  Add effective
0806T 0810T 08999	VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	07/01/2023  Add effective 07/01/2023  Add effective
0806T 0810T 08999	VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	07/01/2023  Add effective 07/01/2023  Add effective
0806T 0810T 08999	VL IMPL PRQ  TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	07/01/2023  Add effective 07/01/2023  Add effective
0810T A0999	TCAT S&IVC PRSTC VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,		-	Add effective  Add effective
N810T N0999	VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,		-	07/01/2023 Add effective
0810T 09999	VL IMPL OPN  SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,		-	07/01/2023 Add effective
A0999	SUBRTA NJX RX AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	Add effective
A0999	AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	-	
A0999	AGT W/VTRC  Unlisted ambulance service Innovamatrix ac	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,	7/1/2023	_	
	Unlisted ambulance service Innovamatrix ac	(Predetermination) to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified,			07/01/2023
	service Innovamatrix ac	Unlisted: Procedure/service not specifically defined or classified,			
	service Innovamatrix ac				
A2001	Innovamatrix ac	maybe subject to contract/clinical review.	-	-	-
12001					
	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	mat per sq	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
12004	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).			
\2005		EIU: Procedure/service not reimbursed by the Plan. Not subject to			
.2005		pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	per sq cm	Payment and Coding Policy (CPCP).			
\2006	Novosorb synpath	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
12000		pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	per sq cm				
A2007	Doctroto nor ca om	Payment and Coding Policy (CPCP).			
42007		EIU: Procedure/service not 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	•	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	_
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A2009	Symphony per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A2010	Apis per square	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
\2011	Supra sdrm 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).			
A2012	Suprathel per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
512	· · · · · · · · · · · · · · · · · · ·	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	cm				
2012	Innoversatal Co.	Payment and Coding Policy (CPCP).			
A2013		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A2014	Omeza collag per	EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023	-	Add effective
	100 mg	pre-service review. Check EIU policy, which is one of our Clinical			04/01/2023
		Payment and Coding Policy (CPCP).			
\0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			

A2015					
	Phoenix wnd mtrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023		Add effective
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical	• •	_	04/01/2023
	per sq em				04/01/2023
10120	Analy Investigation	Payment and Coding Policy (CPCP).			
A0430		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Conventional Air	Criteria. Submit for Recommended Clinical Review			
	Services Transport	(Predetermination) to avoid post-service review.			
	One Way (Fixed				
	Wing)				
A2016		EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023		Add effective
42010			4/1/2023	-	
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			04/01/2023
		Payment and Coding Policy (CPCP).			
40431	Rotary wing air	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	transport	Criteria. Submit for Recommended Clinical Review			
	·	(Predetermination) to avoid post-service review.			
A2017	Permeaderm glove	EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023		Add effective
72017			4/1/2023	-	
	each	pre-service review. Check EIU policy, which is one of our Clinical			04/01/2023
		Payment and Coding Policy (CPCP).			
A0435	Fixed Wing Air	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Mileage Per	Criteria. Submit for Recommended Clinical Review			
	Statute Mile	(Predetermination) to avoid post-service review.			
\2018		EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023		Add effective
72010		•	<del>1</del> /1/2023	-	
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			04/01/2023
		Payment and Coding Policy (CPCP).			
40436	Rotary wing air	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mileage	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
A2019	Kerecis marigen	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
42015	The second secon		3/1/2023	-	
	shld sq cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
8880	Noncovered	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ambulance mileage	Criteria. Submit for Recommended Clinical Review			
	5	(Predetermination) to avoid post-service review.			
A2020	AcE wound system	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
A2020	ACS Woulld System		9/1/2023	_	
		pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
A2014	Omeza collag per	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy	_	3/31/2023	Retire effective
\2014	Omeza collag per 100 mg		_	3/31/2023	Retire effective 03/31/2023
A2014		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	3/31/2023	
	100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	3/31/2023	03/31/2023
	100 mg  Neomatrix per sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	3/31/2023	03/31/2023 Add effective
	100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	9/1/2023	3/31/2023	03/31/2023
A2021	100 mg  Neomatrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	03/31/2023 Add effective 09/01/2023
A2021	100 mg  Neomatrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	9/1/2023	3/31/2023	03/31/2023 Add effective
A2021	100 mg  Neomatrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021	Neomatrix per sq cm  Phoenix wnd mtrx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	9/1/2023	-	03/31/2023 Add effective 09/01/2023
A2021 A2015	Neomatrix per sq cm  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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021 A2015	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021 A2015	Neomatrix per sq cm  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.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021 A2015	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021 A2015 A4100	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	9/1/2023	-	03/31/2023  Add effective 09/01/2023  Retire effective
A2021 A2015 A4100	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified,	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023  -
A2021 A2015 A4100 A4335	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified,	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023  -
A2021 A2015 A4100 A4335	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023  -
A2021 A2015 A4100 A4335 A4421 A4458	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023  -
A2021 A2015 A4100 A4335 A4421	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023  -
A2021 A2015 A4100 A4335 A4421	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective   09/01/2023  Retire effective   03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458 A4520	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable Underpads All Sizes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective   09/01/2023  Retire effective   03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458 A4520	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458 A4520 A4553	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable Underpads All Sizes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2021 A2015 A4100 A4335 A4421 A4458 A4520 A4553	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable Underpads All Sizes  Disposable underpads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	- 3/31/2023 - - - - - -	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023
A2014 A2021 A2025 A4100 A4335 A4421 A4458 A44520 A4553 A4554 A2016	Neomatrix per sq cm  Phoenix wnd mtrx per sq cm  Skin sub fda clrd as dev nos  Incontinence supply  Ostomy supply misc  Reusable enema bag Incontinence garment anytype Non-Disposable Underpads All Sizes  Disposable underpads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	03/31/2023  Add effective 09/01/2023  Retire effective 03/31/2023

A4575	Hyperbaric o2	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	chamber disps	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	chamber disps	Payment and Coding Policy (CPCP).			
A 450C	Can a sata a sa a sata h		4/4/2022		٨ ما ما حائلت مها:
A4596	·	EIU: Procedure/service not reimbursed by the Plan. Not subject to	4/1/2023	_	Add effective
	supp	pre-service review. Check EIU policy, which is one of our Clinical			04/01/2023
		Payment and Coding Policy (CPCP).			
A2017	Permeaderm glove	MP Criteria: Procedure/service reviewed against Medical Policy		3/31/2023	Retire effective
	each	Criteria. Submit for Recommended Clinical Review	_		03/31/2023
	eden	(Predetermination) to avoid post-service review.			03/31/2023
42040	D	· · · · · · · · · · · · · · · · · · ·		2/24/2022	Dating offertion
A2018		MP Criteria: Procedure/service reviewed against Medical Policy	_	3/31/2023	Retire effective
	sq cm	Criteria. Submit for Recommended Clinical Review			03/31/2023
		(Predetermination) to avoid post-service review.			
A4639	Infrared ht sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	replcmnt pad	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	repletime pad				
A 4 C 4 4	De d'a diament	Payment and Coding Policy (CPCP).			
A4641	Radiopharm dx	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	agent noc	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	Non Covered: Procedure/service not covered by the Plan. Not			
74030	•		-	-	-
	hemo equip	subject to pre-service review.			
A4913	Misc dialysis	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	supplies noc	maybe subject to contract/clinical review.			
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan. Not			
	, and the second	subject to pre-service review.	_	_	-
A4931	Reusable oral	Non Covered: Procedure/service not covered by the Plan. Not			
A4931			-	-	-
	thermometer	subject to pre-service review.			
A4932	Reusable rectal	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	thermometer	subject to pre-service review.			
A5507	Modification	Unlisted: Procedure/service not specifically defined or classified,			
	diabetic shoe	maybe subject to contract/clinical review.	_	_	-
AC000					
A6000	Wound warming	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	wound cover	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A6261	Wound filler	Unlisted: Procedure/service not specifically defined or classified,			
	gel/paste /oz	maybe subject to contract/clinical review.			
A6262	Wound filler dry	Unlisted: Procedure/service not specifically defined or classified,			
A0202	•		_	-	-
	form / gram	maybe subject to contract/clinical review.			
A6512	Compres burn	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	garment noc	maybe subject to contract/clinical review.			
A6549	G compression	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	stocking	maybe subject to contract/clinical review.			
A7049	Epap nasal valve	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
7,043	Epap nasar varve		3/1/2023	-	
		pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
A2019	Kerecis marigen	MP Criteria: Procedure/service reviewed against Medical Policy	5/15/2023	8/31/2023	Add effective
	shld sq cm	Criteria. Submit for Recommended Clinical Review			05/15/2023; Retire
	· ·	(Predetermination) to avoid post-service review.			effective
		(Tredetermination) to avoid post-service review.			
10150		N C			08/31/2023
A9150	Misc/exper non-	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
	prescript dru	subject to pre-service review.			
A9152	Single vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not	_		
		subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
A9153	Multi-vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not	_	_	-
		subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
40270	Non-several tra				
A9270	Non-covered item	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	or service	subject to pre-service review.			
A9273	Hot/cold	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
		subject to pre-service review.			
A9279	Monitoring	Unlisted: Procedure/service not specifically defined or classified,			
	•		_	-	-
	reature/deviceNOC	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	cor devic	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A9291	Pres dig cog behav	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	thera fda	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	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	contrast NOS 1ml	maybe subject to contract/clinical review.			
A9597	Pet dx for tumor id	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	noc	maybe subject to contract/clinical review.			
A9598	Pet dx for non-	Unlisted: Procedure/service not specifically defined or classified,			_
	tumor id noc	maybe subject to contract/clinical review.	_	_	_
A9698	Non-rad contrast	Unlisted: Procedure/service not specifically defined or classified,			
	materialNOC	maybe subject to contract/clinical review.	_	_	_
A9699	Radiopharm rx	Unlisted: Procedure/service not specifically defined or classified,			
3000	agent noc	maybe subject to contract/clinical review.	-	_	_
A9900		Unlisted: Procedure/service not specifically defined or classified,			
45500	ervice	maybe subject to contract/clinical review.	-	-	-
A9999		Unlisted: Procedure/service not specifically defined or classified,			
A3333	DME supply or		_	_	-
D0000	accessory nos	maybe subject to contract/clinical review.			
B9998	Enteral supp not	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
2000	otherwise c	maybe subject to contract/clinical review.			
B9999		Unlisted: Procedure/service not specifically defined or classified,	_	_	-
	othrws c	maybe subject to contract/clinical review.			
C1052	Hemostatic agent	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	gi topic	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
A2020	Ac5 wound system	MP Criteria: Procedure/service reviewed against Medical Policy	6/1/2023	8/31/2023	Add effective
		Criteria. Submit for Recommended Clinical Review			06/01/2023; Retire
		(Predetermination) to avoid post-service review.			effective
					08/31/2023
A2021		MP Criteria: Procedure/service reviewed against Medical Policy	6/1/2023	8/31/2023	Add effective
		Criteria. Submit for Recommended Clinical Review			06/01/2023; Retire
		(Predetermination) to avoid post-service review.			effective
					08/31/2023
A4555	Ca tx e-stim	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	electr/transduc	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
A4596	Ces system monthly	MP Criteria: Procedure/service reviewed against Medical Policy	_	3/31/2023	Retire effective
	supp	Criteria. Submit for Recommended Clinical Review	_		03/31/2023
		(Predetermination) to avoid post-service review.			
A4600	Sleeve inter limb	MP Criteria: Procedure/service reviewed against Medical Policy			
	comp dev	Criteria. Submit for Recommended Clinical Review	_	_	_
	comp acv	(Predetermination) to avoid post-service review.			
C1823	Gen neuro trans	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
01023	sen/stim	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	och jouin				
A7049	Epap nasal valve	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy	5/15/2023	8/31/2023	Add effective
A7045	Ehah Hazal AdiAG		3/13/2023	0/31/2023	
		Criteria. Submit for Recommended Clinical Review			05/15/2023; Retire
					effective
		(Predetermination) to avoid post-service review.			00/0:/000
C4.7C4	Cult is in	· · · · · · · · · · · · · · · · · · ·			08/31/2023
C1761	Cath trans intra	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	08/31/2023 -
C1761	Cath trans intra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	_	
	litho/coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		-	-
C1761	litho/coro  Gen Neuro Imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	-	Add effective
	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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	cardiac	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C177C	talist davida	· · · · · · · · · · · · · · · · · · ·			
C1776	Joint device	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	(implantable)	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C1889	Implant/insert	Unlisted: Procedure/service not specifically defined or classified,			
	device noc	maybe subject to contract/clinical review.	_	-	-
64.702					
C1783	Ocular imp	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	aqueous drain de	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C2698	Brachytx stranded	Unlisted: Procedure/service not specifically defined or classified,			
	NOS	maybe subject to contract/clinical review.	_	-	_
62.600		_ · · · · · · · · · · · · · · · · · · ·			
C2699	Brachytx non-	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	stranded NOS	maybe subject to contract/clinical review.			
C1818	Integrated	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	keratoprosthesis	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C102F	Con norma const				
C1825	Gen neuro carot	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	sinus baro	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C1826	Gen neuro clo loop	MP Criteria: Procedure/service reviewed against Medical Policy	7/1/2023		Add effective
	•	Criteria. Submit for Recommended Clinical Review	., _, _5_5	_	07/01/2023
	rechg				07/01/2023
		(Predetermination) to avoid post-service review.			
C1827	Gen Neuro Imp	MP Criteria: Procedure/service reviewed against Medical Policy	5/1/2023	8/31/2023	Add effective
	Led Ex Cntr	Criteria. Submit for Recommended Clinical Review			05/01/2023; Retire
		(Predetermination) to avoid post-service review.			effective
		(Treacternination) to avoid post service review.			
04.000	0 11 11	140 C ::			08/31/2023
C1833	Cardiac monitor sys	MP Criteria: Procedure/service reviewed against Medical Policy		-	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C2624	Wireless pressure	MP Criteria: Procedure/service reviewed against Medical Policy			
0202.	·		_	_	_
	sensor	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
C5271	Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_	Add effective
	substitute app	Criteria, Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
C5272	Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023		Add effective
C3272			4/1/2023	-	
	substitute app	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
C9257	Bevacizumab	MP Criteria: Procedure/service reviewed against Medical Policy			
	injection	Criteria. Submit for Recommended Clinical Review	_	_	_
	injection				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
C9354	Veritas collagen	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	matrix cm2	pre-service review. Check EIU policy, which is one of our Clinical			
60256	T. 001	Payment and Coding Policy (CPCP).			
C9356	TenoGlide tendon	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	prot cm2	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
C9358	Dermal substitute	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
CJ330			-	-	-
	native non-	pre-service review. Check EIU policy, which is one of our Clinical			
	denatured collagen	Payment and Coding Policy (CPCP).			
	fetal bovine origin				
	(SurgiMend				
	· =				
	Collagen Matrix)				
	per 0.5 square				
	centimeters				
C9360	SurgiMend	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
23300	<del>-</del>		_	-	_
	neonatal	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
C9363	Integra Meshed Bil	EIU: Procedure/service not reimbursed by the Plan. Not subject to		_	_
	Wound Mat	pre-service review. Check EIU policy, which is one of our Clinical	_	<del>-</del>	_
	Juna mut				
		Payment and Coding Policy (CPCP).			

C5273 C5274 C9757 C5275	Porcine implant Permacol  unclassified drugs or biologicals  Low cost skin substitute app  Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin substitute app	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - 4/1/2023 4/1/2023	-		Add effective 04/01/2023
C9399 C5273 C5274 C9757	unclassified drugs or biologicals  Low cost skin substitute app  Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	- -		04/01/2023 Add effective
C5273 C5274 C9757	or biologicals  Low cost skin substitute app  Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C5273 C5274 C9757	or biologicals  Low cost skin substitute app  Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C5274 C9757 C5275	Low cost skin substitute app  Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C5274 C9757 C5275	Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C5274 C9757 C5275	Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C5274 C9757 C5275	Low cost skin substitute app  Spine/lumbar disk surgery  Low cost skin	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	4/1/2023	-		04/01/2023 Add effective
C9757 C5275	Low cost skin substitute app Spine/lumbar disk surgery	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		-		Add effective
C9757 C5275	Spine/lumbar disk surgery  Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		-		
C9757 C5275	Spine/lumbar disk surgery  Low cost skin	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical		_		
C5275	Spine/lumbar disk surgery  Low cost skin	(Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	_			
C5275	surgery  Low cost skin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	_			04/01/2023
C5275	surgery  Low cost skin	pre-service review. Check EIU policy, which is one of our Clinical	_			
	Low cost skin			_		_
		Payment and Coding Policy (CPCP).				
	substitute app	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_		Add effective
		Criteria. Submit for Recommended Clinical Review				04/01/2023
		(Predetermination) to avoid post-service review.				
C5276	Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_		Add effective
	substitute app	Criteria. Submit for Recommended Clinical Review				04/01/2023
		(Predetermination) to avoid post-service review.				• •
C5277	Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023			Add effective
	substitute app	Criteria. Submit for Recommended Clinical Review	., _, _, _,	_		04/01/2023
	substitute upp	(Predetermination) to avoid post-service review.				04/01/2023
C5278	Low cost skin	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023			Add effective
C3278			4/1/2023	_		
	substitute app	Criteria. Submit for Recommended Clinical Review				04/01/2023
00700	5 1 11	(Predetermination) to avoid post-service review.				
C9768	Endo us-guide hep	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-		-
	porto grad	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
C9149	Inj teplizumab-	MP Criteria: Procedure/service reviewed against Medical Policy	6/1/2023		6/30/2023	Add effective
	mzwv 5 mcg	Criteria. Submit for Recommended Clinical Review				06/01/2023; Retire
		(Predetermination) to avoid post-service review.				effective
						06/30/2023
C9739	Cystoscopy	MP Criteria: Procedure/service reviewed against Medical Policy				
	prostatic imp 1-3	Criteria. Submit for Recommended Clinical Review	_	_		_
	r r -	(Predetermination) to avoid post-service review.				
C9771	Nsl/sins cryo post	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
03772	nasal tis	pre-service review. Check EIU policy, which is one of our Clinical	_	-		_
	110301 (13					
C9772	Povace lithotrin	Payment and Coding Policy (CPCP).				
C9772	Revasc lithotrip	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-		-
	tibi/perone	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
C9773	Revasc lithotr-stent	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_		_
	tib/per	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
C9774	Revasc lithotr-ather	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_		_
	tib/per	pre-service review. Check EIU policy, which is one of our Clinical				
	, .	Payment and Coding Policy (CPCP).				
C9775	Revasc lith-sten-ath	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
C3773		pre-service review. Check EIU policy, which is one of our Clinical	-	-		_
	tib/per					
		Payment and Coding Policy (CPCP).				
C9777		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-		-
	w/eso egd	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
C9898	Inpnt stay	Unlisted: Procedure/service not specifically defined or classified,	_	_		_
	radiolabeled item	maybe subject to contract/clinical review.				
C9899	Inpt implant pros	Unlisted: Procedure/service not specifically defined or classified,	_			_
	dev no cov	maybe subject to contract/clinical review.				
D0999	unspecified	Unlisted: Procedure/service not specifically defined or classified,				
,	diagnostic	maybe subject to contract/clinical review.	-	-		_
	=	maybe subject to contracty clinical review.				
	procedure by					
	report					

D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Dose 1				
D1706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml 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		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		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	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	orthodontic	maybe subject to contract/clinical review.			
	procedure by	.,,			
	•				
D9999	report unspecified	Unlisted: Procedure/service not specifically defined or classified,			
D3333			-	-	-
	adjunctive 	maybe subject to contract/clinical review.			
	procedure by				
	report				
C9740	Cysto impl 4 or	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	more	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0210	Electric heat pad	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	standard	subject to pre-service review.			
E0217		Non Covered: Procedure/service not covered by the Plan. Not			
	w pump	subject to pre-service review.	-	_	_
E0218	Fluid circ cold pad	Non Covered: Procedure/service not covered by the Plan. Not			
L0210	•		-	-	-
50224	w pump	subject to pre-service review.			
E0221	Infrared heating	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	-
	pad system	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
E0231	Wound warming	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	device	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
E0232	Warming card for	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	NWT	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
E0236	Pump for water	Non Covered: Procedure/service not covered by the Plan. Not			
L0230	·		-	-	-
50240	circulating p	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			
	· onet seat raised	subject to pre-service review.	-	_	_
E0245	Tub stool or bench	Non Covered: Procedure/service not covered by the Plan. Not			
L0243	rub stoor or bench		-	-	-
50246	T C	subject to pre-service review.			
E0246	Transfer tub rail	Non Covered: Procedure/service not covered by the Plan. Not	-	-	_
	attachment	subject to pre-service review.			
E0247	Trans bench w/wo	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	comm open	subject to pre-service review.			
E0248	HDtrans bench	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	w/wo comm open	subject to pre-service review.			
E0273	Bed board	Non Covered: Procedure/service not covered by the Plan. Not			
		subject to pre-service review.	_	<del>-</del>	_
E0274	Over-bed table	Non Covered: Procedure/service not covered by the Plan. Not			
L0274	Over bed table		-	-	-
C07C4	D	subject to pre-service review.			
C9764	Revasc intravasc	MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
	lithotripsy	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0315	Bed accessory	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	brd/tbl/supprt	subject to pre-service review.			
C9765	Revasc intra	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	lithotrip-stent	Criteria. Submit for Recommended Clinical Review			
	1	(Predetermination) to avoid post-service review.			
E0446	Topical Ox Deliver	Unlisted: Procedure/service not specifically defined or classified,			
	•	maybe subject to contract/clinical review.	-	-	_
E049E	sys nos				
E0485	Oral	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	device/appliance	Criteria. Submit for Recommended Clinical Review			
	prefab	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			

E0486	Oral	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
		Called a Called Land Carlot Ca				
	device/appliance	Criteria. Submit for Recommended Clinical Review				
	cusfab	(Predetermination) to avoid post-service review. Prior Authorization				
50.407	Electroni'	may be required per contract agreement.				
E0487	Electronic	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-	
	spirometer	pre-service review. Check EIU policy, which is one of our Clinical				
50755	Day and Salar	Payment and Coding Policy (CPCP).				
C9766	Revasc intra	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-	
	lithotrip-ather	Criteria. Submit for Recommended Clinical Review				
T063F	Dationt lift	(Predetermination) to avoid post-service review.				
E0625	Patient lift	Unlisted: Procedure/service not specifically defined or classified,	-	-	-	
C9767	bathroom or toi	maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy				
29707	Revasc lithotrip-		_	_	_	
	stent-ather	Criteria. Submit for Recommended Clinical Review				
C9769	Custo w/tomp pros	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy				
29709		Criteria. Submit for Recommended Clinical Review	_	_	_	
	implant					
C9770	Vitrec/mech pars	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy				
29770	subret inj	Criteria. Submit for Recommended Clinical Review	_	_	-	
	Subret mj					
E0183	Press underlay alter	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy				
10103	w/pump	Criteria. Submit for Recommended Clinical Review	_	-	-	
	w/pump	(Predetermination) to avoid post-service review.				
E0300	Pediatric Crib	MP Criteria: Procedure/service reviewed against Medical Policy				
10300	Hospital Grade	Criteria. Submit for Recommended Clinical Review	_	_	-	
	•	(Predetermination) to avoid post-service review.				
	Or Without Top	(Tredetermination) to avoid post-service review.				
	Enclosure					
E0316	Bed safety	MP Criteria: Procedure/service reviewed against Medical Policy				
10010	enclosure	Criteria. Submit for Recommended Clinical Review	_	_	_	
	Chelosure	(Predetermination) to avoid post-service review.				
E0616	Cardiac event	MP Criteria: Procedure/service reviewed against Medical Policy				
10010	recorder	Criteria. Submit for Recommended Clinical Review	_	_	_	
		(Predetermination) to avoid post-service review.				
E0635	Patient Lift Electric	MP Criteria: Procedure/service reviewed against Medical Policy				
	With Seat Or Sling	Criteria. Submit for Recommended Clinical Review	_	_	_	
		(Predetermination) to avoid post-service review.				
E0637	Combination Sit To	MP Criteria: Procedure/service reviewed against Medical Policy				
		Criteria. Submit for Recommended Clinical Review	_	_	-	
	System Any Size	(Predetermination) to avoid post-service review.				
	Including Pediatric	, ,				
	With Seat Lift					
	Feature With Or					
	Without Wheels					
E0638	Standing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	Frame/Table	Criteria. Submit for Recommended Clinical Review	_	_	_	
	System One	(Predetermination) to avoid post-service review.				
	Position (E.G.					
	Upright Supine Or					
	Prone Stander) Any					
	Size Including					
	Pediatric With Or					
	Without Wheels					
E0641	Standing	MP Criteria: Procedure/service reviewed against Medical Policy	_			
	Frame/Table	Criteria. Submit for Recommended Clinical Review				
	System Multi-	(Predetermination) to avoid post-service review.				
	Position (E.G. Three-	·				
	Way Stander) Any					
	Size Including					
	Pediatric With Or					
	Without Wheels					

E0642	Standing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Frame/Table	Criteria. Submit for Recommended Clinical Review			
	System Mobile	(Predetermination) to avoid post-service review.			
	(Dynamic Stander)				
	Any Size Including				
	Pediatric				
E0650	Pneuma compresor	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	non-segment	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0651	Pneum compressor	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	segmental	Criteria. Submit for Recommended Clinical Review			
	ū	(Predetermination) to avoid post-service review.			
E0652	Pneum compres	MP Criteria: Procedure/service reviewed against Medical Policy			
	w/cal pressure	Criteria. Submit for Recommended Clinical Review	_	_	_
	,	(Predetermination) to avoid post-service review.			
E0655	Pneumatic	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	-
		(Predetermination) to avoid post-service review.			
E0656	Segmental	MP Criteria: Procedure/service reviewed against Medical Policy			
	pneumatic trunk	Criteria. Submit for Recommended Clinical Review	_	_	-
	pricamatic train	(Predetermination) to avoid post-service review.			
E0657	Segmental	MP Criteria: Procedure/service reviewed against Medical Policy			
23037	pneumatic chest	Criteria. Submit for Recommended Clinical Review	_	-	-
	priedmatic thest	(Predetermination) to avoid post-service review.			
E0660	Pneumatic	MP Criteria: Procedure/service reviewed against Medical Policy			
20000			_	_	-
	appliance full leg	Criteria. Submit for Recommended Clinical Review			
FOCCE	Dnoumatic	(Predetermination) to avoid post-service review.			
E0665		MP Criteria: Procedure/service reviewed against Medical Policy	_	-	-
	appliance full arm	Criteria. Submit for Recommended Clinical Review			
FOCCC	D	(Predetermination) to avoid post-service review.			
E0666	Pneumatic	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	appliance half leg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0675		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	· ·	pre-service review. Check EIU policy, which is one of our Clinical			
50676		Payment and Coding Policy (CPCP).			
E0676	· ·	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	dev NOS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
E0667		MP Criteria: Procedure/service reviewed against Medical Policy		_	-
	full leg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0668	Seg pneumatic appl	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	full arm	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0669	Seg pneumatic	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	appli half leg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0670	Seg pneum int	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	legs/trunk	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0740	Non-implant pelv flr	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	
	e-stim	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
E0671	Pressure pneum	MP Criteria: Procedure/service reviewed against Medical Policy			_
	appl full leg	Criteria. Submit for Recommended Clinical Review	_	-	_
	- F-F	(Predetermination) to avoid post-service review.			
E0672	Pressure pneum	MP Criteria: Procedure/service reviewed against Medical Policy			
	appl full arm	Criteria. Submit for Recommended Clinical Review	_	-	-
	αρριταπαιπ	(Predetermination) to avoid post-service review.			
E0673	Pressure pneum	MP Criteria: Procedure/service reviewed against Medical Policy			
LUU/3	· · · · · · · · · · · · · · · · · · ·	Criteria. Submit for Recommended Clinical Review	_	_	-
	appl half leg				
1		(Predetermination) to avoid post-service review.			

E0762	Trans elec jt stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	dev sys	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	acv sys	Payment and Coding Policy (CPCP).			
0764	F				
0764	Functional	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	_
	neuromuscularstim	• •			
		Payment and Coding Policy (CPCP).			
0677	Non pneum seq	MP Criteria: Procedure/service reviewed against Medical Policy	7/1/2023		Added effective
	comp trunk	Criteria. Submit for Recommended Clinical Review			07/01/2023
	·	(Predetermination) to avoid post-service review.			
0769	Electric wound	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
.0703	treatment dev		-	-	_
	treatment dev	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0770	Functional electric	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	stim NOS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
0020	A	or classified, maybe subject to contract/clinical review.			
0830	Ambulatory	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	traction device	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0840	Tract frame attach	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	headboard	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	neadboard				
0040		Payment and Coding Policy (CPCP).			
0849	Cervical pneum trac	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	equip	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0850	Traction stand free	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	standing	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	Standing				
2055	0 11 11	Payment and Coding Policy (CPCP).			
0855	Cervical traction	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	_
	equipment	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0856	Cervic collar w air	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	bladders	pre-service review. Check EIU policy, which is one of our Clinical	_	_	<del>-</del>
	bladders				
		Payment and Coding Policy (CPCP).			
:0860	Tract equip cervical	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	_
	tract	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0890	Traction frame	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	attach pelvic	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	attach pervie	Payment and Coding Policy (CPCP).			
0026	CDM4 desires albert				
0936		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	than knee	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0942	Cervical head	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	harness/halter	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	narriessy narce				
		Payment and Coding Policy (CPCP).			
0944	Pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
	belt/harness/boot	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
0691	Uvl pnl 2 sq ft or	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	less				
		(Predetermination) to avoid post-service review.			
0692	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.			
0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy			
	3 3y3 parier 0 it		_	_	-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0694	Uvl md cabinet sys	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	6 ft	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
0747	Elec osteogen stim	MP Criteria: Procedure/service reviewed against Medical Policy			
.0/4/	<del>-</del>		-	-	_
	not spine	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			

E0760	Osteogen	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ultrasound stimitor	Criteria. Submit for Recommended Clinical Review			_
		(Predetermination) to avoid post-service review.			
50764		<del>`</del>			
E0761	Nontherm	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	electromgntc	Criteria. Submit for Recommended Clinical Review			
	device	(Predetermination) to avoid post-service review.			
E0766	Elec stim cancer	MP Criteria: Procedure/service reviewed against Medical Policy			
20,00	treatment	Criteria. Submit for Recommended Clinical Review	_	_	_
	treatment				
		(Predetermination) to avoid post-service review.			
E0985	W/c seat lift	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mechanism	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E0986	Man w/c push-rim	MP Criteria: Procedure/service reviewed against Medical Policy			
EU960	′ '		-	-	-
	powr system	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			_
54000		(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	MP Criteria: Procedure/service reviewed against Medical Policy			
L1004			-	-	-
	mech	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E1229	Pediatric	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	wheelchair NOS	maybe subject to contract/clinical review.			
E1005	Pwr seat recline	MP Criteria: Procedure/service reviewed against Medical Policy			
L1003			_	_	-
	pwr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E1239	Ped power	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	wheelchair NOS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
E1399	Durable medical	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	equipment mi	maybe subject to contract/clinical review.			
E1006	Pwr seat combo	MP Criteria: Procedure/service reviewed against Medical Policy			
21000			_	_	-
	w/o shear	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E1632	Wearable artificial	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	kidney	pre-service review. Check EIU policy, which is one of our Clinical			
	·	Payment and Coding Policy (CPCP).			
E1699	Dialysis oquinment	Unlisted: Procedure/service not specifically defined or classified,			
E1033			-	-	-
	noc	maybe subject to contract/clinical review.			
E1700	Jaw motion rehab	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	system	pre-service review. Check EIU policy, which is one of our Clinical			
	•	Payment and Coding Policy (CPCP).			
F1701	Donlaushians for				
E1701	Repl cushions for	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	jaw motion	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
E1702	Repl measr scales	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	•		_	_	-
	jaw motion	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
E1007	Pwr seat combo	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	w/shear	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E1008	Pwr seat combo	MP Criteria: Procedure/service reviewed against Medical Policy			
L1000			-	-	-
	pwr shear	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E1009	Add mech leg	MP Criteria: Procedure/service reviewed against Medical Policy			_
	elevation	Criteria. Submit for Recommended Clinical Review			-
	0.07441011				
51010		(Predetermination) to avoid post-service review.			
E1010	Add pwr leg	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	elevation	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		, , , , , , , , , , , , , , , , , , , ,			

E1012	Ctr mount pwr elev	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	leg rest	Criteria. Submit for Recommended Clinical Review				
	· ·	(Predetermination) to avoid post-service review.				
E1161	Manual Adult Size	MP Criteria: Procedure/service reviewed against Medical Policy				
	Wheelchair	Criteria. Submit for Recommended Clinical Review	_	_	_	
	Includes Tilt In	(Predetermination) to avoid post-service review.				
	Space					
E1230	Power operated	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	vehicle	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E1629	Tablo for dialysis	MP Criteria: Procedure/service reviewed against Medical Policy				
	service	Criteria. Submit for Recommended Clinical Review	_	_	_	
	3614166	(Predetermination) to avoid post-service review.				
E2300	Pwr seat elevation	MP Criteria: Procedure/service reviewed against Medical Policy				
E2300		,	-	_	_	
	sys	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	MP Criteria: Procedure/service reviewed against Medical Policy				
	control	Criteria. Submit for Recommended Clinical Review	_	_	_	
	control	(Predetermination) to avoid post-service review.				
E2311	Floatro connect btu	MP Criteria: Procedure/service reviewed against Medical Policy				
E2311			-	-	-	
	2 sys	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2312	Mini-prop remote	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	joystick	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2313	PWC harness	MP Criteria: Procedure/service reviewed against Medical Policy				
	expand control	Criteria. Submit for Recommended Clinical Review	_	_	_	
	expand control	(Predetermination) to avoid post-service review.				
E2321	Hand interface	MP Criteria: Procedure/service reviewed against Medical Policy				
E2321		,	_	_	_	
	joystick	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2322	Mult 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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	handle	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2324	Chin cup interface	MP Criteria: Procedure/service reviewed against Medical Policy				
L2324	Chin cup interface	,	_	_	-	
		Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2325	Sip and puff	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	interface	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	MP Criteria: Procedure/service reviewed against Medical Policy				
E2327		- · · · · · · · · · · · · · · · · · · ·	-	_	_	
	interface mech	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2328	Head/extremity	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	control inter	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
E2329	Head control	MP Criteria: Procedure/service reviewed against Medical Policy				
	nonproportional	Criteria. Submit for Recommended Clinical Review	_	_	_	
	proportional	(Predetermination) to avoid post-service review.				
E2220	Hood contact					
E2330	Head control	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-	
	proximity switc	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.				
		1 adata				

E2340	W/c wdth 20-23 in	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat frame	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2341	W/c wdth 24-27 in	MP Criteria: Procedure/service reviewed against Medical Policy			
120.2	seat frame	Criteria. Submit for Recommended Clinical Review	_	_	-
	seat manne				
50040	/ L.I. 20 24 :	(Predetermination) to avoid post-service review.			
E2342	W/c dpth 20-21 in	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	seat frame	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2343	W/c dpth 22-25 in	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat frame	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2351	Electronic SGD	MP Criteria: Procedure/service reviewed against Medical Policy			
	interface	Criteria. Submit for Recommended Clinical Review	_	_	-
	interrace				
F2272	111/-1	(Predetermination) to avoid post-service review.			
E2373	•	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	joystick	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2374	Hand/chin ctrl std	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	joystick	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2375	Non-expandable	MP Criteria: Procedure/service reviewed against Medical Policy			
12070	controller	Criteria. Submit for Recommended Clinical Review	_	_	-
	CONTROLLE				
F2276	E	(Predetermination) to avoid post-service review.			
E2376	Expandable	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	controller repl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2377	Expandable	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	controller initl	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.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
E2500	SGD digitized pre-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	rec <=8min	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2502	SGD prerec msg	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	>8min <=20min	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
G0235	Pet imaging any	Unlisted: Procedure/service not specifically defined or classified,			
00233			-	-	-
		maybe subject to contract/clinical review. Prior Authorization may			
	specified	be required per contract agreement.			
G0255	Current percep	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
		nre-service review. Check FILL policy, which is one of our Clinical	-	_	
	threshold tst	pre-service review. Check EIU policy, which is one of our Clinical	_	_	
C027C	threshold tst	Payment and Coding Policy (CPCP).	_		
G0276	threshold tst  Pild/placebo	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not	-		-
	Pild/placebo control clin tr	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0276 G0277	threshold tst  Pild/placebo	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Pild/placebo control clin tr	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	- -	-
	threshold tst  Pild/placebo control clin tr  Hbot Full Body	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	threshold tst  Pild/placebo control clin tr  Hbot Full Body	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization	-	-	-
	threshold tst  Pild/placebo control clin tr  Hbot Full Body	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
G0277	threshold tst  Pild/placebo control clin tr  Hbot Full Body Chamber 30M	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
G0277	Pild/placebo control clin tr Hbot Full Body Chamber 30M	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
G0277	threshold tst  Pild/placebo control clin tr  Hbot Full Body Chamber 30M	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	- -	-
G0277	threshold tst  Pild/placebo control clin tr  Hbot Full Body Chamber 30M	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
G0277 G0281	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0277 G0281	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
G0277 G0281	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- -	- - -
G0277 G0281	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	- -	- -	-
G0277 G0281 G0282	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press  Elect stim wound care not pd	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- - -	-
G0277 G0281 G0282	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press  Elect stim wound care not pd  Non-cov surg proc	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not	- - -	-	-
G0277 G0281 G0282 G0293	Pild/placebo control clin tr Hbot Full Body Chamber 30M  Elec stim unattend for press  Elect stim wound care not pd  Non-cov surg proc clin trial	Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	- - -	- - -

G0295	Electromagnetic	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	therapy onc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
G0329	Electromagntic tx	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	for ulcers	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	TOT dicers	Payment and Coding Policy (CPCP).			
		rayment and coding rolley (crer).			
E2504	SGD prerec	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	msg>20min	Criteria. Submit for Recommended Clinical Review			
	<=40min	(Predetermination) to avoid post-service review.			
E2506	SGD prerec msg >	MP Criteria: Procedure/service reviewed against Medical Policy			
	40 min	Criteria. Submit for Recommended Clinical Review	-	_	-
	10 111111	(Predetermination) to avoid post-service review.			
E2508	SGD spelling phys	MP Criteria: Procedure/service reviewed against Medical Policy			
L2308			_	_	-
	contact	Criteria. Submit for Recommended Clinical Review			
	!::	(Predetermination) to avoid post-service review.			
E2510	SGD w multi	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	methods msg/accs	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2511	SGD sftwre prgrm	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	for PC/PDA	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
G0428	Collagen Meniscus	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	Implant procedure	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	for filling meniscal	Payment and Coding Policy (CPCP).			
	_	Payment and Coding Policy (CPCP).			
	defects (e.g. CMI				
	collagen scaffold				
	Menaflex)				
E2512	SGD accessory	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	mounting sys	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
G0460	Autolog prp not	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	diab ulcer	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
G0465	Autolog prp diab	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	wound ulcer	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	woulld dicci	Payment and Coding Policy (CPCP).			
G2011	Alcohol And/Or	Non Covered: Procedure/service not covered by the Plan. Not			
G2011	Alcohol And/Or	•	-	-	-
	Substance (Other	subject to pre-service review.			
	Than Tobacco)				
	Misuse Structured				
	Assessment (E.G.				
	Audit Dast) And				
	Brief Intervention 5				
	14 Minutes				
E2610	Wheelchair Seat	MP Criteria: Procedure/service reviewed against Medical Policy			
	Cushion Powered	Criteria. Submit for Recommended Clinical Review	_	_	_
	243	(Predetermination) to avoid post-service review.			
G0176	OPPS/PHP;activity	MP Criteria: Procedure/service reviewed against Medical Policy			
G0170			_	_	-
	therapy	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
G8395	LVEF>=40% doc	Non Covered: Procedure/service not covered by the Plan. Not	-	_	-
	normal or mild	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	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	exam/w doc	subject to pre-service review.			
G8399	Pt w/dxa results	Non Covered: Procedure/service not covered by the Plan. Not			
	document	subject to pre-service review.	_	_	_
G8400		Non Covered: Procedure/service not covered by the Plan. Not			
CO-100	doc		-	-	-
C9404		subject to pre-service review.			
G8404	Low externity neur	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	exam docum	subject to pre-service review.			
G8405	Low extemity neur	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	not perfor	subject to pre-service review.			

G8410	Eval on foot	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
C0415	documented	subject to pre-service review.			
G8415	Eval on foot not	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
G8416	performed  Dt inclin footwar	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not			
06410	Pt inelig footwear evaluatio	· · · · · · · · · · · · · · · · · · ·	-	-	-
G8417	Calc bmi abv up	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not			
08417	param f/u	subject to pre-service review.	-	-	-
G8418	Calc bmi blw low	Non Covered: Procedure/service not covered by the Plan. Not			
G0+10	param f/u	subject to pre-service review.	-	-	-
G8419	Calc bmi out nrm	Non Covered: Procedure/service not covered by the Plan. Not			
66 113	param nof/u	subject to pre-service review.	-	-	-
G8420	Calc bmi norm	Non Covered: Procedure/service not covered by the Plan. Not			
	parameters	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	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	elig clin	subject to pre-service review.	_	_	_
G8428	Cur meds not	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	document	subject to pre-service review.			
G8430	Doc med rsn no	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	medrec	subject to pre-service review.			
G8431	Pos clin depres scrn	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	f/u doc	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	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	doc rsn	subject to pre-service review.			
G8450	Beta-bloc rx pt	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	w/abn lvef	subject to pre-service review.			
G8451	Pt w/abn lvef inelig	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	b-bloc	subject to pre-service review.			
G8452	Pt w/abn lvef b-bloc	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	no rx	subject to pre-service review.			
G8465	_	Non Covered: Procedure/service not covered by the Plan. Not	-	_	-
00.470	pro ca	subject to pre-service review.			
G8473	ACE/ARB thxpy rx?d	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
C0.47.4	Ass /s do set a lal	subject to pre-service review.			
G8474	Ace/arb not rx'd;	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
C047F	doc reas	subject to pre-service review.			
G8475	· ·	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
G8476	rx?d Bp sys <140 and	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not			
06470	dias <90	· · · · · · · · · · · · · · · · · · ·	-	-	-
G8477		subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not			
08477	dias >=90	subject to pre-service review.	-	-	-
G8478	BP not	Non Covered: Procedure/service not covered by the Plan. Not			
G0-70	performed/doc	subject to pre-service review.	-	-	-
G8482	Flu immunize	Non Covered: Procedure/service not covered by the Plan. Not			
00 102	order/admin	subject to pre-service review.	-	-	-
G8483	Flu imm no admin	Non Covered: Procedure/service not covered by the Plan. Not			
00 103	doc rea	subject to pre-service review.	-	-	-
G8484	Flu immunize no	Non Covered: Procedure/service not covered by the Plan. Not			
	admin	subject to pre-service review.	-	-	_
G9012	Other Specified	Unlisted: Procedure/service not specifically defined or classified,			
	Case Mgmt	maybe subject to contract/clinical review.	_	_	_
G9050	Oncology work-up	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	evaluation	subject to pre-service review.	<u>-</u>	_	
G9051	Oncology tx	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	decision-mgmt	subject to pre-service review.			
G9052		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	disease	subject to pre-service review.			
G9053	Onc expectant	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	management pt	subject to pre-service review.			

00054	0				
G9054	Onc supervision	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
60055	palliative	subject to pre-service review.			
G9055	Onc visit	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	unspecified NOS	subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.			
G9056	Onc prac mgmt	Non Covered: Procedure/service not covered by the Plan. Not			
G5050	adheres guide	subject to pre-service review.	_	-	-
G9057	Onc pract mgmt	Non Covered: Procedure/service not covered by the Plan. Not			
u3037	differs trial	subject to pre-service review.	_	_	_
G9058	Onc prac mgmt	Non Covered: Procedure/service not covered by the Plan. Not			
	disagree w/gui	subject to pre-service review.	_	-	_
G9059	Onc prac mgmt pt	Non Covered: Procedure/service not covered by the Plan. Not			
	opt alterna	subject to pre-service review.	_	_	_
G9060		Non Covered: Procedure/service not covered by the Plan. Not			
	pt comorb	subject to pre-service review.	_	_	_
G9061	Onc prac cond	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	noadd by guide	subject to pre-service review.			
G9062	Onc prac guide	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	differs nos	subject to pre-service review.			
G9063	Onc dx nsclc stgl no	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	progres	subject to pre-service review.			
G9064	Onc dx nsclc stg2	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	no progres	subject to pre-service review.			
G9065	Onc dx nsclc stg3A	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	no progre	subject to pre-service review.			
G9066	Onc dx nsclc stg3B-	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	4 metasta	subject to pre-service review.			
G9067	Onc dx nsclc dx	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	unknown nos	subject to pre-service review.			
G9068	Onc dx sclc/nsclc	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
	limited	subject to pre-service review.			
G9069	Onc dx sclc/nsclc	Non Covered: Procedure/service not covered by the Plan. Not	_	-	-
	ext at dx	subject to pre-service review.			
G9070	Onc dx sclc/nsclc	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
00074	ext unknwn	subject to pre-service review.			
G9071	_	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
50072	HR nopro	subject to pre-service review.			
G9072	Onc dx brst stg1-2	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
C0072	noprogres	subject to pre-service review.			
G9073	_	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
G9074	no pro Onc dx brst stg3-	subject to pre-service review.			
G9074	<u> </u>	Non Covered: Procedure/service not covered by the Plan. Not	_	-	_
G9075	noprogress Onc dx brst	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not			
G9073	metastic/ recur	subject to pre-service review.	_	-	-
G9077	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not			
d3077	T1no progres	subject to pre-service review.	_	-	-
G9078	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not			
03070	T2no progres	subject to pre-service review.	_	_	_
G9079		Non Covered: Procedure/service not covered by the Plan. Not			
03073	T4noprog	subject to pre-service review.	_	-	_
G9080	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not			
	w/rise PSA	subject to pre-service review.	_	_	_
G9083	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not			
	unknwn nos	subject to pre-service review.	-	_	_
G9084	Onc dx colon t1-3	Non Covered: Procedure/service not covered by the Plan. Not			
	n1-2 no pr	subject to pre-service review.	<del>-</del>		
G9085		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	w/o prog	subject to pre-service review.			
G9086	Onc dx colon T1-4	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	no dx prog	subject to pre-service review.			
G9087		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	evid dx	subject to pre-service review.			

G9088		Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
C0000	noevid dx	subject to pre-service review.	1-1			
G9089		Non Covered: Procedure/service not covered by the Plan. N	ΙΟτ	-	-	-
G9090	unknown Onc dx rectal T1-2	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. N	lot			
G9090		subject to pre-service review.	iot	_	_	-
G9091	no progr	Non Covered: Procedure/service not covered by the Plan. N	lot			
G9091		subject to pre-service review.	101	_	_	-
G9092	no prog Onc dx rectal T1-3	Non Covered: Procedure/service not covered by the Plan. N	lot			
G3032	N1-2noprg	subject to pre-service review.	101	_	_	-
G9093	Onc dx rectal T4 N	Non Covered: Procedure/service not covered by the Plan. N	Int			
G3033	M0 no prg	subject to pre-service review.	101	_	_	-
G9094	Onc dx rectal M1	Non Covered: Procedure/service not covered by the Plan. N	lot			
G3034	w/mets prog	subject to pre-service review.	101	_	_	-
G9095		Non Covered: Procedure/service not covered by the Plan. N	Int			
63033	unknwn	subject to pre-service review.		_	_	_
G9096		Non Covered: Procedure/service not covered by the Plan. N	lot			
	T3 noprog	subject to pre-service review.		_	_	-
G9097		Non Covered: Procedure/service not covered by the Plan. N	lot			
	T4 no prog	subject to pre-service review.		_	_	_
G9098		Non Covered: Procedure/service not covered by the Plan. N	lot	_		
	mets recur	subject to pre-service review.		_	_	_
G9099		Non Covered: Procedure/service not covered by the Plan. N	lot			
	unknown	subject to pre-service review.		_	_	_
G9100	Onc dx gastric no	Non Covered: Procedure/service not covered by the Plan. N	lot	_		
	recurrence	subject to pre-service review.		_	_	_
G9101	Onc dx gastric p R1-	Non Covered: Procedure/service not covered by the Plan. N	lot		_	_
	R2noprog	subject to pre-service review.		_	_	_
G9102	Onc dx gastric	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	unresectable	subject to pre-service review.				
G9103	Onc dx gastric	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	recurrent	subject to pre-service review.				
G9104	Onc dx gastric	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	unknown NOS	subject to pre-service review.				
G9105	Onc dx pancreatc p	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	R0 res no	subject to pre-service review.				
G9106	Onc dx pancreatc p	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	R1/R2 no	subject to pre-service review.				
G9107	Onc dx pancreatic	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	unresectab	subject to pre-service review.				
G9108	Onc dx pancreatic	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	_
	unknwn NOS	subject to pre-service review.				
G9109	Onc dx head/neck	Non Covered: Procedure/service not covered by the Plan. N	lot	_	_	-
00110	T1-T2no prg	subject to pre-service review.				
G9110	Onc dx head/neck	Non Covered: Procedure/service not covered by the Plan. N	lot	_	-	-
C0444	T3-4 noprog	subject to pre-service review.	1 - 1			
G9111	Onc dx head/neck	Non Covered: Procedure/service not covered by the Plan. N	lot	_	-	-
C0112	M1 mets rec	subject to pre-service review.	1-1			
G9112	Onc dx head/neck	Non Covered: Procedure/service not covered by the Plan. N	ΙΟτ	_	-	-
C0112	ext unknown Onc dx ovarian	subject to pre-service review.	lo+			
G9113		Non Covered: Procedure/service not covered by the Plan. N	ΙΟΙ	_	-	_
G9114	stg1A-B no pr Onc dx ovarian	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. N	lot			
03114		•	101	_	_	-
G9115	stg1A-B or 2 Onc dx ovarian	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. N	lot			
33113	stg3/4 noprog	subject to pre-service review.		_	-	-
G9116	Onc dx ovarian	Non Covered: Procedure/service not covered by the Plan. N	lot			
33110	recurrence	subject to pre-service review.		_	_	_
G9117	Onc dx ovarian	Non Covered: Procedure/service not covered by the Plan. N	lot			
	unknown NOS	subject to pre-service review.		_	-	-
G9123		Non Covered: Procedure/service not covered by the Plan. N	lot			
	phase	subject to pre-service review.		_	_	_
G9124	•	Non Covered: Procedure/service not covered by the Plan. N	lot	_		
	phase	subject to pre-service review.		_	_	_

G9125	Onc dx CML blast	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	phase	subject to pre-service review.			
G9126	Onc dx CML	Non Covered: Procedure/service not covered by the Plan. Not			
	remission	subject to pre-service review.	_	_	_
G9128	Oncology; Disease	Non Covered: Procedure/service not covered by the Plan. Not			
65126	Status; Limited To	subject to pre-service review.	_	-	-
	·	subject to pre-service review.			
	Multiple Myeloma				
	Systemic Disease;				
	Smoldering Stage I				
	(For Use In A				
	Medicare-Approved				
	Demonstration				
	Project)				
	1 Tojecci				
G9129	Onc dx mult	Non Covered: Procedure/service not covered by the Plan. Not			
65125	myeloma stg2 hig	subject to pre-service review.	_	-	-
C0120	Onc dx multi				
G9130		Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	<del></del>	subject to pre-service review.			
G9131	Onc dx brst	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	unknown NOS	subject to pre-service review.			
G9132	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	mets no cast	subject to pre-service review.			
G9133	Onc dx prostate	Non Covered: Procedure/service not covered by the Plan. Not			
	clinical met	subject to pre-service review.	_	_	-
G9134	Onc NHLstg 1-2 no	Non Covered: Procedure/service not covered by the Plan. Not			
03134			-	-	-
C0425	relap no	subject to pre-service review.			
G9135	•	Non Covered: Procedure/service not covered by the Plan. Not	_	_	-
	not relap	subject to pre-service review.			
G9136	Onc dx NHL trans to	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	lg Bcell	subject to pre-service review.			
G9137	Onc dx NHL	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	relapse/refractor	subject to pre-service review.	_	_	_
G9138	Onc dx NHL stg	Non Covered: Procedure/service not covered by the Plan. Not			
63130	unknown	subject to pre-service review.	-	-	-
G9139	Onc dx CML dx	Non Covered: Procedure/service not covered by the Plan. Not			
03133			_	-	-
	status unknown	subject to pre-service review.			
G9140	Frontier extended	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	stay demo	subject to pre-service review.			
G9147	Outpatient	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	Intravenous Insulin	pre-service review. Check EIU policy, which is one of our Clinical			
	Treatment (OIVIT)	Payment and Coding Policy (CPCP).			
	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				
	concontration				
G9978	Remote E/M New	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Pt 10Mins	subject to pre-service review.			
G9979	Remote E/M New	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Pt 20Mins	subject to pre-service review.			
G9980	Remote E/M New	Non Covered: Procedure/service not covered by the Plan. Not			
	Pt 30 Mins	subject to pre-service review.	_	_	_
G9981	Remote E/M New	Non Covered: Procedure/service not covered by the Plan. Not			
03301	·		-	-	-
C0002	Pt 45Mins	subject to pre-service review.			
G9982	Remote E/M New	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-
	Pt 60Mins	subject to pre-service review.			

G9983		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	10Mins	subject to pre-service review.			
G9984	Remote E/M Est. Pt	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	15Mins	subject to pre-service review.			
G9985	Remote E/M Est. Pt	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	25Mins	subject to pre-service review.			
G9986		Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	40Mins	subject to pre-service review.			
G9987	Bpci Advanced In	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	Home Visit	subject to pre-service review.			
H0046	Mental health	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	service nos	maybe subject to contract/clinical review.			
H0047	Alcohol/drug abuse	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	svc nos	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.			
G0341	Percutaneous islet	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	celltrans	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J0180	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Agalsidase Beta 1	Criteria. Submit for Recommended Clinical Review			
	Mg	(Predetermination) to avoid post-service review. Prior Authorization $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{2$			
		may be required per contract agreement.			
J0202	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	alemtuzumab	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{2$			
		may be required per contract agreement.			
G0342	Laparoscopy islet	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	cell trans	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J0219	Inj aval alfa-nqpt	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	4mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0220	Alglucosidase alfa	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
J0221	INJECTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	ALGLUCOSIDASE	Criteria. Submit for Recommended Clinical Review			
	ALFA (LUMIZYME)	(Predetermination) to avoid post-service review. Prior Authorization			
	10 MG	may be required per contract agreement.			
J0222	Inj. patisiran 0.1	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mg	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	MP Criteria: Procedure/service reviewed against Medical Policy	_		_
	mg	Criteria. Submit for Recommended Clinical Review			
	-	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
G0343	Laparotomy islet	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	cell transp	Criteria. Submit for Recommended Clinical Review			
	•	(Predetermination) to avoid post-service review.			
J0256	Alpha 1 proteinase	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	inhibitor	maybe subject to contract/clinical review.			

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J0490	INJECTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	BELIMUMAB 10	Criteria. Submit for Recommended Clinical Review			
	MG	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0491	Inj anifrolumab-fnia	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	1mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0517	Inj. benralizumab	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0565	Inj bezlotoxumab	MP Criteria: Procedure/service reviewed against Medical Policy			
	10 mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	- <b>U</b>	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0567	Ini. cerliponase alfa	MP Criteria: Procedure/service reviewed against Medical Policy			
	1 mg	Criteria. Submit for Recommended Clinical Review	-	_	-
	± 1116	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0584	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
30304	burosumab-twza	Criteria. Submit for Recommended Clinical Review	-	_	-
	1m	(Predetermination) to avoid post-service review. Prior Authorization			
J0586	Ababatuliaumtavia	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy			
10200		,	-	-	-
	Α	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
10507	1.1	may be required per contract agreement.			
J0587	lnj	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
		Criteria. Submit for Recommended Clinical Review			
	В	(Predetermination) to avoid post-service review. Prior Authorization			
10500	INVESTIGAL	may be required per contract agreement.			
J0588	INJECTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
		Criteria. Submit for Recommended Clinical Review			
	OXIN A 1 UNIT	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0598	C-1 esterase	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	cinryze	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0638	Canakinumab	MP Criteria: Procedure/service reviewed against Medical Policy	-	_	-
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{2$			
		may be required per contract agreement.			
J0717	Certolizumah negol	MP Criteria: Procedure/service reviewed against Medical Policy			
30717	inj 1mg	Criteria. Submit for Recommended Clinical Review	-	_	-
	iiij Iiiig				
		(Predetermination) to avoid post-service review. Prior Authorization			
J0775	Collagonaco clost	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy			
30775	Collagenase clost		-	_	-
	hist inj	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
10704	to the describer over the	may be required per contract agreement.			
J0791	Inj crizanlizumab-	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	tmca 5mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
10006		may be required per contract agreement.			
J0881	Darbepoetin alfa	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	non-esrd	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{2$			
		may be required per contract agreement.			
J0888	Epoetin beta non	MP Criteria: Procedure/service reviewed against Medical Policy			
3000	esrd	Criteria. Submit for Recommended Clinical Review	-	-	-
	CSIU				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			

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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 $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{2$			
		may be required per contract agreement.			
J1300	Eculizumab	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1301	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	edaravone 1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
G0422	Intensive Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Rehabilitation; With	Criteria. Submit for Recommended Clinical Review			
	Or Without	(Predetermination) to avoid post-service review.			
	Continuous Ecg				
	Monitoring With				
	Exercise Per				
	Session				
J1303	Inj. ravulizumab-	MP Criteria: Procedure/service reviewed against Medical Policy			
	cwvz 10 mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	6	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1305	Inj evinacumab-	MP Criteria: Procedure/service reviewed against Medical Policy			
,1303	dgnb 5mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	agino sing	(Predetermination) to avoid post-service review. Prior Authorization			
		·			
J1306	Injection inclisiran	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy			
11300		Criteria. Noted die Jewiewed against Wedical Folicy  Criteria. Submit for Recommended Clinical Review	_	_	-
	1 mg				
		(Predetermination) to avoid post-service review. Prior Authorization			
11222	Elosulfase alfa	may be required per contract agreement.			
J1322		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
14.225	F	may be required per contract agreement.			
J1325	Epoprostenol	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
60422	Laboration Condition	may be required per contract agreement.			
G0423	Intensive Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	·	Criteria. Submit for Recommended Clinical Review			
	Or Without	(Predetermination) to avoid post-service review.			
	Continuous Ecg				
	Monitoring;				
	Without Exercise				
	Per Session				
G0429	Dermal Filler	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	injection(s) for the	Criteria. Submit for Recommended Clinical Review			
	treatment of facial	(Predetermination) to avoid post-service review.			
	lipodystrophy				
	syndrome (LDS)				
	(e.g. as a result of				
	highly active				
	iligiliy active				
	antiretroviral				
	antiretroviral				
G2082	= :	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
G2082	antiretroviral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	_	_
G2082	antiretroviral therapy ) Visit esketamine	Criteria. Submit for Recommended Clinical Review	-	-	-
	antiretroviral therapy ) Visit esketamine 56m or less	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	antiretroviral therany ) Visit esketamine 56m or less Inj eteplirsen 10	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	antiretroviral therapy ) Visit esketamine 56m or less	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
	antiretroviral therany ) Visit esketamine 56m or less Inj eteplirsen 10	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization	-	-	-
J1428	antiretroviral therany ) Visit esketamine 56m or less  Inj eteplirsen 10 mg	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  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.	-	-	-
G2082 J1428 G2083	antiretroviral therany ) Visit esketamine 56m or less  Inj eteplirsen 10 mg  Visit esketamine >	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  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.  MP Criteria: Procedure/service reviewed against Medical Policy	-	- -	-
J1428	antiretroviral therany ) Visit esketamine 56m or less  Inj eteplirsen 10 mg	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  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.	-	-	-

J1458	Injection Galsulfase	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	1 Mg	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.			
11 5 6 6	Immuno alabulia	Unlisted Dragodyra/soning not specifically defined or electified			
J1566	Immune globulin	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	powder	maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
J1599	lvig non-lvophilized	Unlisted: Procedure/service not specifically defined or classified,			
	NOS	maybe subject to contract/clinical review. Prior Authorization may	_	_	_
	1103	be required per contract agreement.			
J1602	Golimumab for iv	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	use 1mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0172	Inj aducanumab-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	avwa 2 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J1729	Inj hydroxyprogst	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	capoat nos	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	MP Criteria: Procedure/service reviewed against Medical Policy			
	biosimil 10mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	2	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1746	Ini ihalizumah-uivk	MP Criteria: Procedure/service reviewed against Medical Policy			
327.10	10 mg	Criteria. Submit for Recommended Clinical Review	_	-	_
	10 mg	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J0218	Inj olipudase alfa-	MP Criteria: Procedure/service reviewed against Medical Policy	7/1/2023		Add effecrive
30218	* 1		7/1/2023	_	
	rpcp 1mg	Criteria. Submit for Recommended Clinical Review			07/01/2023
14.706	tata atta a	(Predetermination) to avoid post-service review.			
J1786	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	_
	Imiglucerase 10	Criteria. Submit for Recommended Clinical Review			
	Units	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1823	Inj. inebilizumab-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	cdon 1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1931	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Laronidase 0.1 Mg	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.			
		, separate to see			
J1302	Inj sutimlimab-	MP Criteria: Procedure/service reviewed against Medical Policy			
J1302	Inj sutimlimab- jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-

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12182	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mepolizumab 1mg	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.			
J1411	Inj hemgenix per	MP Criteria: Procedure/service reviewed against Medical Policy	5/1/2023		Add effecrive
71111	tx dose	Criteria. Submit for Recommended Clinical Review	3/1/2023	_	05/01/2023
	tx dose	(Predetermination) to avoid post-service review.			03/01/2023
J2350	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
12330	•		_	_	-
	ocrelizumab 1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J2356	Inj tezepelumab-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	ekko 1mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J2357	Omalizumab	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1426	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
	casimersen 10 mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	cusimersen 10 mg	(Predetermination) to avoid post-service review.			
J2502	Ini nasirentide long	MP Criteria: Procedure/service reviewed against Medical Policy			
12302	acting	Criteria. Submit for Recommended Clinical Review	_	-	-
	acting				
		(Predetermination) to avoid post-service review. Prior Authorization			
14.427	tat official access	may be required per contract agreement.			
J1427	Inj. viltolarsen	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J2507	INJECTION	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	PEGLOTICASE 1	Criteria. Submit for Recommended Clinical Review			
	MG	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1429	Inj golodirsen 10	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J1632	Inj. brexanolone 1	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mg	Criteria. Submit for Recommended Clinical Review			
	· ·	(Predetermination) to avoid post-service review.			
J1747	Inj spesolimab-	MP Criteria: Procedure/service reviewed against Medical Policy	5/1/2023		Add effective
	sbzo 1 mg	Criteria. Submit for Recommended Clinical Review		_	05/01/2023
	3020 11118	(Predetermination) to avoid post-service review.			03/01/2023
J2786	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
12780	•	-	_	_	-
	reslizumab 1mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
12010		may be required per contract agreement.			
J2840	•	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
J3032	Inj. eptinezumab-	. 5			
J3032	Inj. eptinezumab- jjmr 1 mg	Criteria. Submit for Recommended Clinical Review			
J3032		,			
J3032		Criteria. Submit for Recommended Clinical Review			
J3032 J3060		Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization	_	_	_
	jjmr 1 mg	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_		-
	jjmr 1 mg	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-

J3121	Inj testostero	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	enanthate 1mg	Criteria. Submit for Recommended Clinical Review			
	· ·	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3145	Testosterone	MP Criteria: Procedure/service reviewed against Medical Policy			
331 13	undecanoate 1mg	Criteria. Submit for Recommended Clinical Review	_	-	-
	undecanoate img				
		(Predetermination) to avoid post-service review. Prior Authorization			
12244	tat ta anatonioni ale	may be required per contract agreement.			
J3241		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	trbw 10 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3245	Inj. tildrakizumab	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3262	Tocilizumab	MP Criteria: Procedure/service reviewed against Medical Policy			
	injection	Criteria. Submit for Recommended Clinical Review	_	_	_
	jeotio	(Predetermination) to avoid post-service review. Prior Authorization			
J3285	Transactinil	may be required per contract agreement.			
J3283	Treprostinil	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J1951	Inj fensolvi 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	MP Criteria: Procedure/service reviewed against Medical Policy	4/1/2023	_	Add effective
	cipla 7.5mg	Criteria. Submit for Recommended Clinical Review			04/01/2023
		(Predetermination) to avoid post-service review.			
J3358	Ustekinumab iv	MP Criteria: Procedure/service reviewed against Medical Policy			
	inject 1 mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	,000 26	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3380	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
13360	vedolizumab	Criteria. Submit for Recommended Clinical Review	-	-	-
	vedolizumab				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3385	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	-	-
	Velaglucerase Alfa	Criteria. Submit for Recommended Clinical Review			
	100 Units	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3397	Inj. vestronidase	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	alfa-vjbk	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3398	Ini luxturna 1 billion	MP Criteria: Procedure/service reviewed against Medical Policy			
	vec g	Criteria. Submit for Recommended Clinical Review	_	_	-
	VCCB	(Predetermination) to avoid post-service review. Prior Authorization			
		•			
12200	Ini anasa ahanar	may be required per contract agreement.			
J3399	Inj onase abepar-	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	xioi treat	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J3490	Drugs unclassified	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	injection	maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
12227	Ini vicentiaa.a				
J2327	Inj risankizumab-	MP Criteria: Procedure/service reviewed against Medical Policy	_	-	-
	rzaa 1 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J3570	Laetrile amygdalin	Non Covered: Procedure/service not covered by the Plan. Not	-	_	_
	vit B17	subject to pre-service review.			

J3590	Unclassified	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	biologics	maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
J3591	Esrd on dialysi	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	drug/bio noc	maybe subject to contract/clinical review.			
J2440	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review	_	_	_
	To 60 Mg	(Predetermination) to avoid post-service review.			
J7178	Inj human	MP Criteria: Procedure/service reviewed against Medical Policy			
1/1/0		-	-	-	-
	fibrinogen con nos	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J7192	Factor viii	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	recombinant NOS	maybe subject to contract/clinical review.			
J7195	Factor ix	Unlisted: Procedure/service not specifically defined or classified,			
	recombinant nos	maybe subject to contract/clinical review.	_	-	_
J7199	Hemophilia clot	Unlisted: Procedure/service not specifically defined or classified,			
1/199	·		-	-	-
	factor noc	maybe subject to contract/clinical review.			
J2503	Pegaptanib sodium	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	injection	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J2777	Inj faricimab-svoa	MP Criteria: Procedure/service reviewed against Medical Policy			
	0.1mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	0.11116	(Predetermination) to avoid post-service review.			
J7340	Carbidana lavadana				
J/34U		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	ent 100ml	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
J2778	Injection	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Ranibizumab 0.1	Criteria. Submit for Recommended Clinical Review			
	Mg	(Predetermination) to avoid post-service review.			
J7599	Immunosuppressiv	Unlisted: Procedure/service not specifically defined or classified,			
37333	• •	maybe subject to contract/clinical review.	-	-	-
	e drug noc	maybe subject to contract/clinical review.			
17604					
J7604	Acetylcysteine	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
J7604			-	-	_
J7604	Acetylcysteine	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
J7604 J7607	Acetylcysteine	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	_	_
	Acetylcysteine comp unit Levalbuterol comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	Acetylcysteine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
J7607	Acetylcysteine comp unit Levalbuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
	Acetylcysteine comp unit Levalbuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
J7607	Acetylcysteine comp unit Levalbuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
J7607 J7609	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
J7607	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
J7607 J7609	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- - -	- - -
J7607 J7609	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	- - -	-	-
J7607 J7609 J7610	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- -	-
J7607 J7609	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to Payment and Coding Policy (CPCP).	- - -	- - -	- - -
J7607 J7609 J7610	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	- - -	- - -	- - -
J7607 J7609 J7610 J7615	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- - -	- - -
J7607 J7609 J7610	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - -	- - -	- - - -
J7607 J7609 J7610 J7615	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - -	- - -	- - - -
J7607 J7609 J7610 J7615	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	- - -	- - - -
J7607 J7609 J7610 J7615	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - -	- - -	- - - -
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - -	- - - -	- - - -
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - -		
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - - -	- - - -	- - -
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
J7607 J7609 J7610 J7615 J7622 J7624	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - - -		
J7607 J7609 J7610 J7615 J7622	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - - -		
J7607 J7609 J7610 J7615 J7622 J7624	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
J7607 J7609 J7610 J7615 J7622 J7624	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit  Bitolterol mesylate	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
J7607 J7609 J7610 J7615 J7622 J7624	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit  Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - - - -		
J7607 J7609 J7610 J7615 J7622 J7624 J7627 J7628	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit  Bitolterol mesylate comp con  Bitolterol mesylate	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
J7607 J7609 J7610 J7615 J7622 J7624 J7627 J7628	Acetylcysteine comp unit  Levalbuterol comp con  Albuterol comp unit  Albuterol comp con  Levalbuterol comp unit  Beclomethasone comp unit  Betamethasone comp unit  Budesonide comp unit  Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			

J7632	Cromolyn sodium	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	comp unit	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	comp and				
17624	D. dave delegation	Payment and Coding Policy (CPCP).			
J7634	Budesonide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	con	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7635	Atropine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7636	Atronine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
37030	Acropine comp and	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
17607	5	Payment and Coding Policy (CPCP).			
J7637	Dexamethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	comp con	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7638	Dexamethasone	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	comp unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7640	Formoterol comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
37040	·		_	-	-
	unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7641	Flunisolide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7642	Glycopyrrolate	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
3, 0, 12	comp con	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	comp con				
17640	01 1 1	Payment and Coding Policy (CPCP).			
J7643	Glycopyrrolate	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	comp unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7645	Ipratropium	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	bromide comp	pre-service review. Check EIU policy, which is one of our Clinical			
	•	Payment and Coding Policy (CPCP).			
J7647	Isoetharine comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
37017	•	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	con				
17650		Payment and Coding Policy (CPCP).			
J7650	Isoetharine comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7657	Isoproterenol comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	con	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7660	Isonroterenal comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
37000	•		-	-	-
	unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7667	Metaproterenol	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	comp con	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7670	Metaproterenol	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	comp unit	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	comp and				
17676	5	Payment and Coding Policy (CPCP).			
J7676	Pentamidine comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	unit dose	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
J7680	Terbutaline sulf	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical			
	comp con				
	comp con				
17681		Payment and Coding Policy (CPCP).			
J7681	Terbutaline sulf	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
J7681		Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	Terbutaline sulf comp unit	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	-	-
J7681 J7683	Terbutaline sulf	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	Terbutaline sulf comp unit	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

17684	Triamcinolone	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	comp unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
7685	Tobramycin comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	unit	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
7699	Inhalation solution	Unlisted: Procedure/service not specifically defined or classified,			
7033			-	_	-
17700	for DME	maybe subject to contract/clinical review.			
7799	=	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	for DME	maybe subject to contract/clinical review.			
7999	Compounded drug	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	noc	maybe subject to contract/clinical review.			
8498	Antiemetic	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	rectal/supp NOS	maybe subject to contract/clinical review.			
8499	Oral prescrip drug	Unlisted: Procedure/service not specifically defined or classified,			
	non chemo	maybe subject to contract/clinical review.	_	_	_
8597	Antiemetic drug	Unlisted: Procedure/service not specifically defined or classified,			
0337	•		-	_	-
0000	oral NOS	maybe subject to contract/clinical review.			
8999	Oral prescription	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	drug chemo	maybe subject to contract/clinical review.			
9020	Asparaginase NOS	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
		maybe subject to contract/clinical review.			
2779	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.			
9285	Ini olaratumah 10	Non Covered: Procedure/service not covered by the Plan. Not			
3203		subject to pre-service review.	-	_	-
0222	mg Ini of cortigion of				
J9332	Inj efgartigimod	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	2mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
		may be required per contract agreement.			
3299	Inj xipere 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
9999	Chemotherapy drug	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
		maybe subject to contract/clinical review. Prior Authorization may			
		be required per contract agreement.			
3316	Inj. triptorelin xr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	3.75 mg	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
3520	Edetate disodium	MP Criteria: Procedure/service reviewed against Medical Policy			
	per 150 mg	Criteria. Submit for Recommended Clinical Review	_	_	_
	pc. 150 mg	(Predetermination) to avoid post-service review.			
7177	Inj. fibryga 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy			
7177	iiij. iibryga I iiig	,	-	_	-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
7309	Methyl	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Aminolevulinate	Criteria. Submit for Recommended Clinical Review			
	(Mal) For Topical	(Predetermination) to avoid post-service review.			
	Administration				
	16.8% 1 Gram				
7316	Injection	MP Criteria: Procedure/service reviewed against Medical Policy			
	•	Criteria. Submit for Recommended Clinical Review	_	_	_
7402	Mg	(Predetermination) to avoid post-service review.			
7402		MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	sinuva	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
9285	Inj olaratumab 10	MP Criteria: Procedure/service reviewed against Medical Policy	_	12/31/2022	Retire effective
13283	ma	Criteria. Submit for Recommended Clinical Review			12/31/2022
	IIIg				
	mg	(Predetermination) to avoid post-service review			
9600		(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy			
9600	Porfimer sodium injection	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	_	_

K0108	W/c component-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	accessory NOS	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
K0005	Ultralightweight	MP Criteria: Procedure/service reviewed against Medical Policy			
110003	wheelchair	Criteria. Submit for Recommended Clinical Review	-	_	_
	Wilecician				
V0010	Ctnd set frama	(Predetermination) to avoid post-service review.			
K0010	Stnd wt frame	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	_
	power whichr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0011	Stnd wt pwr whlchr	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	w control	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0012	Ltwt portbl power	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	whichr	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0013	Custom power	MP Criteria: Procedure/service reviewed against Medical Policy			
	whichr base	Criteria. Submit for Recommended Clinical Review	_	_	_
	Willelli Base	(Predetermination) to avoid post-service review.			
K0014	Othernewerwhich	MP Criteria: Procedure/service reviewed against Medical Policy			
KUU14	·	,	-	-	-
	base	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0053	Elevate footrest	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	articulate	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0812	Power operated	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	vehicle NOC	Criteria. Submit for Recommended Clinical Review			_
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		• • •			
K0065	Spoke protectors	or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy			
K0003	Spoke protectors		-	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0455	Pump	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	uninterrupted	Criteria. Submit for Recommended Clinical Review			
	infusion	(Predetermination) to avoid post-service review.			
K0800	POV group 1 std up	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	to 300lbs	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0801	POV group 1 hd 301-	MP Criteria: Procedure/service reviewed against Medical Policy			
	450 lbs	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
K0802	POV group 1 vhd	MP Criteria: Procedure/service reviewed against Medical Policy			
10002	451-600 lbs	Criteria. Submit for Recommended Clinical Review	-	-	-
	431-000 ibs				
KOOOC	DOV 2 -t-1	(Predetermination) to avoid post-service review.			
K0806	•	MP Criteria: Procedure/service reviewed against Medical Policy	-	_	_
	to 300lbs	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0807	POV group 2 hd 301-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	450 lbs	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0808	POV group 2 vhd	MP Criteria: Procedure/service reviewed against Medical Policy	_		_
к0808	= ·	Criteria. Submit for Recommended Clinical Review	-	_	-
	451-600 lbs				
	451-600 lbs	(Predetermination) to avoid nost-service review			
K0813		(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy			
K0813	PWC gp 1 std port	MP Criteria: Procedure/service reviewed against Medical Policy	_	-	_
K0813		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	_	-
	PWC gp 1 std port seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0813	PWC gp 1 std port seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	PWC gp 1 std port seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
	PWC gp 1 std port seat/back PWC gp 1 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	PWC gp 1 std port seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
K0814	PWC gp 1 std port seat/back PWC gp 1 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0816	PWC gp 1 std cap	MP Criteria: Procedure/service reviewed against Medical Policy				
	chair	Criteria. Submit for Recommended Clinical Review	_	-	_	
	Citali					
		(Predetermination) to avoid post-service review.				
K0820	PWC gp 2 std port	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	seat/back	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0821	PWC gp 2 std port	MP Criteria: Procedure/service reviewed against Medical Policy				
ROOZI	=: :	,	_	_	_	
	cap chair	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0822	PWC gp 2 std	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	seat/back	Criteria. Submit for Recommended Clinical Review				
	•	(Predetermination) to avoid post-service review.				
K0823	DWC an 2 std con	· · · · · · · · · · · · · · · · · · ·				
NU823	PWC gp 2 std cap	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	_	
	chair	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0824	PWC gp 2 hd	MP Criteria: Procedure/service reviewed against Medical Policy		_	_	
	seat/back	Criteria. Submit for Recommended Clinical Review	_	_	_	
	seaty back					
V000F	2110	(Predetermination) to avoid post-service review.				
K0825	PWC gp 2 hd cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	-	_	
	chair	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0826	PWC gp 2 vhd	MP Criteria: Procedure/service reviewed against Medical Policy				
	seat/back	Criteria. Submit for Recommended Clinical Review	_	_	_	
	Seat/ Dack					
		(Predetermination) to avoid post-service review.				
K0827	PWC gp vhd cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	chair	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0828	PWC gp 2 xtra hd	MP Criteria: Procedure/service reviewed against Medical Policy				
	seat/back	Criteria. Submit for Recommended Clinical Review	_	_	_	
	Seat/ Dack					
		(Predetermination) to avoid post-service review.				
K0829	PWC gp 2 xtra hd	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	cap chair	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0830	PWC gp2 std seat	MP Criteria: Procedure/service reviewed against Medical Policy				
10050	=:		-	-	_	
	elevate s/b	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0831	PWC gp2 std seat	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	elevate cap	Criteria. Submit for Recommended Clinical Review				
	·	(Predetermination) to avoid post-service review.				
K0835	PWC gp2 std sing	MP Criteria: Procedure/service reviewed against Medical Policy				
10033			_	_	-	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0836	PWC gp2 std sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	pow opt cap	Criteria. Submit for Recommended Clinical Review				
	i	(Predetermination) to avoid post-service review.				
V0027	DIAIC are 3 had aire a	· · · · · · · · · · · · · · · · · · ·				
K0837	PWC gp 2 hd sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0838	PWC gp 2 hd sing	MP Criteria: Procedure/service reviewed against Medical Policy				
	pow opt cap	Criteria. Submit for Recommended Clinical Review	_	_	_	
	pow opt cap					
		(Predetermination) to avoid post-service review.				
K0839	PWC gp2 vhd sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	-	_	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
K0840	PWC gp2 xhd sing	MP Criteria: Procedure/service reviewed against Medical Policy				
<del>-</del>		Criteria. Submit for Recommended Clinical Review	_	_	-	
	pow opt s/b					
		(Predetermination) to avoid post-service review.				
K0841	PWC gp2 std mult	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
	DWC and and mult	MP Criteria: Procedure/service reviewed against Medical Policy				
K0842						
K0842	PWC gp2 std mult		_	_	_	
K0842	pow opt cap	Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	_	_	_	

K0843	PWC gp2 hd mult	MP Criteria: Procedure/service reviewed against Medical Policy			
	<del>-</del> :	Criteria. Submit for Recommended Clinical Review	_	_	_
	pow opt s/b				
		(Predetermination) to avoid post-service review.			
K0848	PWC gp 3 std	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat/back	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
V0040	DIAIC are 2 and are	· · · · · · · · · · · · · · · · · · ·			
K0849	PWC gp 3 std cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	chair	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0850	PWC gp 3 hd	MP Criteria: Procedure/service reviewed against Medical Policy			
	seat/back	Criteria. Submit for Recommended Clinical Review	_	_	_
	Seat/ back				
		(Predetermination) to avoid post-service review.			
K0851	PWC gp 3 hd cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	chair	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
VO0E3	DIA/C an 2 uhd	· · · · · · · · · · · · · · · · · · ·			
K0852	PWC gp 3 vhd	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat/back	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0853	PWC gp 3 vhd cap	MP Criteria: Procedure/service reviewed against Medical Policy			
	=:	Criteria. Submit for Recommended Clinical Review	_	_	_
	chair				
		(Predetermination) to avoid post-service review.			
(0854	PWC gp 3 xhd	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat/back	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
KOOLL	DIAIC are 3 what are	· · · · · · · · · · · · · · · · · · ·			
K0855	PWC gp 3 xhd cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	chair	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0856	PWC gp3 std sing	MP Criteria: Procedure/service reviewed against Medical Policy			
	-·	Criteria. Submit for Recommended Clinical Review	_	_	_
	pow opt s/b				
		(Predetermination) to avoid post-service review.			
K0857	PWC gp3 std sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pow opt cap	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0858	PWC gp3 hd sing	MP Criteria: Procedure/service reviewed against Medical Policy			
KU838		-	-	-	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0859	PWC gp3 hd sing	MP Criteria: Procedure/service reviewed against Medical Policy			
	pow opt cap	Criteria. Submit for Recommended Clinical Review	_	_	_
	pow opt cap				
		(Predetermination) to avoid post-service review.			
K0860	PWC gp3 vhd sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0861	PWC gp3 std mult	MP Criteria: Procedure/service reviewed against Medical Policy			
K0001	<del>-</del> :	-	_	_	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0862	PWC gp3 hd mult	MP Criteria: Procedure/service reviewed against Medical Policy			
	pow opt s/b	Criteria. Submit for Recommended Clinical Review	_	_	_
	pow opt 3/ b				
		(Predetermination) to avoid post-service review.			
K0863	PWC gp3 vhd mult	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0864	PWC gp3 xhd mult	MP Criteria: Procedure/service reviewed against Medical Policy			
KU004	O1 .		_	_	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0868	PWC gp 4 std	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat/back	Criteria. Submit for Recommended Clinical Review	=	_	=
	Jean Dack				
		(Predetermination) to avoid post-service review.			
(0869	PWC gp 4 std cap	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
K0869	1 We Sp 1 Std cap				
K0869	chair	Criteria. Submit for Recommended Clinical Review			
K0869					
K0869	chair	(Predetermination) to avoid post-service review.			
	chair PWC gp 4 hd	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
K0869 K0870	chair	(Predetermination) to avoid post-service review.	_	-	-

K0871	PWC gp 4 vhd	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	seat/back	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0877	PWC gp4 std sing	MP Criteria: Procedure/service reviewed against Medical Policy			
10077		-	-	-	-
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K0898	Power wheelchair	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	NOC	maybe subject to contract/clinical review.			
K0878	PWC gp4 std sing	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	_	_
	pow opt cap				
	_	(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	Non Covered: Procedure/service not covered by the Plan. Not			
	Walkin Portabl	subject to pre-service review.	_	_	_
K1004	Lo freq us	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
K1004	•		-	-	-
	diathermy device	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
K1007	Bil hkaf pc s/d	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	micro sensor	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
V1000	Speech volume				
K1009	Speech volume	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	modulation sys	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
K1018	Ext up limb tremor	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	stim wris	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
K1019	Supp ext up limb	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
KIUIS			-	_	-
	tremor stim	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
K0879	PWC gp4 hd sing	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pow opt s/b	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
K1023	Trans elec nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
RIGES			-	_	-
	periph nerv	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
K1024	Non pneum comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	6/30/2023	Retire effective
	control cal	pre-service review. Check EIU policy, which is one of our Clinical			06/30/2023
		Payment and Coding Policy (CPCP).			
K1025	Non pneum	EIU: Procedure/service not reimbursed by the Plan. Not subject to		6/30/2023	Retire effective
	compress full arm	pre-service review. Check EIU policy, which is one of our Clinical	_	0,00,2020	06/30/2023
	compress run arm				00/30/2023
		Payment and Coding Policy (CPCP).			
K1027	Oral dev without fix	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	mech	Criteria. Submit for Recommended Clinical Review			
	IIIECII				
	mecn	(Predetermination) to avoid post-service review. Prior Authorization			
	mech	(Predetermination) to avoid post-service review. Prior Authorization			
KU88U		may be required per contract agreement.			
K0880	PWC gp4 vhd sing	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
K0880		may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
	PWC gp4 vhd sing pow opt s/b	may be required per contract agreement.  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	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	6/30/2023	Retire effective
	PWC gp4 vhd sing pow opt s/b	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	6/30/2023	Retire effective 06/30/2023
	PWC gp4 vhd sing pow opt s/b  Non pneu comp	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	6/30/2023	
K1031	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-		06/30/2023
	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	- 6/30/2023 6/30/2023	06/30/2023  Retire effective
K1031	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-		06/30/2023
K1031 K1032	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- -	6/30/2023	06/30/2023 Retire effective 06/30/2023
K1031	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-		06/30/2023  Retire effective
K1031 K1032	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- - -	6/30/2023	06/30/2023 Retire effective 06/30/2023
K1031 K1032	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	- - -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective
K1031 K1032 K1033	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq comp half leg	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	- -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective
K1031 K1032	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq comp half leg  Add to spinal	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified,	- - -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective
K1031 K1032 K1033	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq comp half leg  Add to spinal orthosis NOS	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective 06/30/2023
K1031 K1032 K1033	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq comp half leg  Add to spinal orthosis NOS	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified,	- -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective 06/30/2023
K1031 K1032 K1033	PWC gp4 vhd sing pow opt s/b  Non pneu comp control w/o ca  Non pneum seq comp full leg  Non pneum seq comp half leg  Add to spinal orthosis NOS	may be required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	- -	6/30/2023	06/30/2023  Retire effective 06/30/2023  Retire effective 06/30/2023

L2006 L2999 L3040 L3050 L3060 L3649 L3999 K0885 K0886	pow opt s/b  Kaf Sng/Dbl Swg/Stn Mcpr Cus Lower extremity orthosis NOS  Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS  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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- - - - - -		- - - - -		- - - -	
L2999 L3040 L3050 L3060 L3649 L3999 K0885	Kaf Sng/Dbl Swg/Stn Mcpr Cus Lower extremity orthosis NOS Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	(Predetermination) to avoid post-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - - - -		- - -	
.2999 .3040 .3050 .3060 .3649 .3999 .00885	Swg/Stn Mcpr Cus Lower extremity orthosis NOS Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - - -		- - -	
.2999 .3040 .3050 .3060 .3649 .3999 .00885	Swg/Stn Mcpr Cus Lower extremity orthosis NOS Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - - -		- - -	
.3040 .3050 .3060 .3649 .3999 .00885	Lower extremity orthosis NOS  Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS  PWC gp4 std mult pow opt cap	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - -		- - -	
.3040 .3050 .3060 .3649 .3999 .00885	orthosis NOS  Ft arch suprt premold longit  Foot arch supp premold metat  Foot arch supp longitud/meta  Orthopedic shoe modifica NOS  Upper limb orthosis NOS  PWC gp4 std mult pow opt cap	maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - - -		- - -	
.3050 .3060 .3649 .3999 .00885	Ft arch suprt premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - - -		- - -		_ _ _	
3050 3060 3649 3999 00885	premold longit Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - - -		- - -		_ _ _	
3060 3649 3999 00885	Foot arch supp premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- -		-	
3060 3649 3999 00885	premold metat Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		- - -		-	
.3649 .3999 .0885	Foot arch supp longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- -		_ _ _		-	
.3649 .3999 .0885	longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	- - -		-			
3999 (0885 (0886	longitud/meta Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	subject to pre-service review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	-		_			
3999 (0885 (0886	Orthopedic shoe modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy	-		-		_	
3999 (0885 (0886	modifica NOS Upper limb orthosis NOS PWC gp4 std mult pow opt cap	maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy	_		_			
(0885 (0886	Upper limb orthosis NOS PWC gp4 std mult pow opt cap	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	_					
(0885 (0886	NOS PWC gp4 std mult pow opt cap	maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy	-					
(0886	PWC gp4 std mult pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy			-		-	
(0886	pow opt cap							
		Criteria. Submit for Recommended Clinical Review	-		-		_	
	DMC and hd mult	(Decidete accidential) to exceed another accident						
		(Predetermination) to avoid post-service review.						
5999	٠.	MP Criteria: Procedure/service reviewed against Medical Policy	-		-		-	
5999	pow s/b	Criteria. Submit for Recommended Clinical Review						
5999		(Predetermination) to avoid post-service review.						
	•	Unlisted: Procedure/service not specifically defined or classified,	-		-		-	
		maybe subject to contract/clinical review.						
(0890		MP Criteria: Procedure/service reviewed against Medical Policy	-		_		_	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review						
		(Predetermination) to avoid post-service review.						
0891	PWC gp5 ped mult	MP Criteria: Procedure/service reviewed against Medical Policy	_		_		_	
	pow opt s/b	Criteria. Submit for Recommended Clinical Review						
		(Predetermination) to avoid post-service review.						
(0899	Pow mobil dev no	MP Criteria: Procedure/service reviewed against Medical Policy	_		_		_	
	dmepdac	Criteria. Submit for Recommended Clinical Review						
		(Predetermination) to avoid post-service review.						
<1020	Non-invasive vagus	MP Criteria: Procedure/service reviewed against Medical Policy	_		_			
	nerv stim	Criteria. Submit for Recommended Clinical Review						
		(Predetermination) to avoid post-service review.						
<b>&lt;1024</b>	Non pneum comp	MP Criteria: Procedure/service reviewed against Medical Policy	7/1	/2023				Add effective
	control cal	Criteria. Submit for Recommended Clinical Review	,	,		_		07/01/2023
	Control car	(Predetermination) to avoid post-service review.						07/01/2023
(1025	Non pneum	MP Criteria: Procedure/service reviewed against Medical Policy	7/1	./2023				Add effective
.1015	compress full arm	Criteria. Submit for Recommended Clinical Review	7/-	,, 2023		_		07/01/2023
	compress run arm							07/01/2023
(1030	Ext recharge bat	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical Policy						
(1030	=		_		_		_	
	replacement	Criteria. Submit for Recommended Clinical Review						
(4.024	Management	(Predetermination) to avoid post-service review.	7.14	/2022				A alaba CCa attaca
(1031		MP Criteria: Procedure/service reviewed against Medical Policy	//1	/2023		-		Add effective
	control w/o ca	Criteria. Submit for Recommended Clinical Review						07/01/2023
		(Predetermination) to avoid post-service review.						
(1032	Non pneum seq	MP Criteria: Procedure/service reviewed against Medical Policy	7/1	/2023		_		Add effective
	comp full leg	Criteria. Submit for Recommended Clinical Review						07/01/2023
		(Predetermination) to avoid post-service review.						
1033	Non pneum seq	MP Criteria: Procedure/service reviewed against Medical Policy	7/1	/2023		_		Add effective
	comp half leg	Criteria. Submit for Recommended Clinical Review						07/01/2023
		(Predetermination) to avoid post-service review.						
1844	Ko w/adj jt rot cntrl	MP Criteria: Procedure/service reviewed against Medical Policy	_		_		_	
	molded	Criteria. Submit for Recommended Clinical Review	_		_		_	
		(Predetermination) to avoid post-service review.						
5857	Elec knee-shin	MP Criteria: Procedure/service reviewed against Medical Policy						
	swing only	Criteria. Submit for Recommended Clinical Review	_		_		_	
	Swill Gully							
	Ank fort	(Predetermination) to avoid post-service review.						
F072		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-		_		_	
5973	plant flex							

L6026	Part hand myo	MP Criteria: Procedure/service reviewed against Medical Policy				
20020	=	,	_	_	_	
	exclu term dev	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6611	Additional switch	MP Criteria: Procedure/service reviewed against Medical Policy				
20022		,	_	_	_	
	ext power	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6880	ELECTRIC HAND	MP Criteria: Procedure/service reviewed against Medical Policy				
			_	_	_	
	SWITCH OR	Criteria. Submit for Recommended Clinical Review				
	MYOLELECTRIC	(Predetermination) to avoid post-service review.				
	CONTROLLED					
	INDEPENDENTLY					
	ARTICULATING					
	DIGITS ANY GRASP					
	PATTERN OR					
	COMBINATION OF					
	GRASP PATTERNS					
	INCLUDES					
	MOTOR(S)					
L6920	Wrist disarticul	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	switch ctrl	Criteria. Submit for Recommended Clinical Review				
	31112011 2211					
		(Predetermination) to avoid post-service review.				
L6925	Wrist disart	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	myoelectronic c	Criteria. Submit for Recommended Clinical Review				
	,	(Predetermination) to avoid post-service review.				
L6930	Below elbow switch	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	control	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6935	Below elbow	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	myoelectronic ct	Criteria. Submit for Recommended Clinical Review				
	•	(Predetermination) to avoid post-service review.				
1.0040	Elli-	· · · · · · · · · · · · · · · · · · ·				
L6940	Elbow	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	disarticulation	Criteria. Submit for Recommended Clinical Review				
	switch	(Predetermination) to avoid post-service review.				
LCOAF		·				
L6945	Elbow disart	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	myoelectronic c	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6950	Above albow switch	MP Criteria: Procedure/service reviewed against Medical Policy				
10930			-	-	_	
	control	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6955	Above elbow	MP Criteria: Procedure/service reviewed against Medical Policy				
20000		,	-	_	_	
	myoelectronic ct	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6960	Shidr disartic switch	MP Criteria: Procedure/service reviewed against Medical Policy				
20300			_	_	-	
	contro	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6965	Shldr disartic	MP Criteria: Procedure/service reviewed against Medical Policy				
20303			_	-	_	
	myoelectronic	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6970	Interscapular-thor	MP Criteria: Procedure/service reviewed against Medical Policy				
20370	•		-	-	_	
	switch ct	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L6975	Interscap-thor	MP Criteria: Procedure/service reviewed against Medical Policy				
	•		_	-	-	
	myoelectronic	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
L7499	Upper extremity	Unlisted: Procedure/service not specifically defined or classified,				
			-	-	-	
	prosthes NOS	maybe subject to contract/clinical review.				
L8039	Breast prosthesis	Unlisted: Procedure/service not specifically defined or classified,	_	_	_	
	NOS	maybe subject to contract/clinical review.				
10040						
L8048	Unspec	Unlisted: Procedure/service not specifically defined or classified,	-	-	-	
	maxillofacial prosth	maybe subject to contract/clinical review.				
L8499	Unlisted misc	Unlisted: Procedure/service not specifically defined or classified,				
L0433			-	-	-	
	prosthetic ser	maybe subject to contract/clinical review.				

L7008	Pediatric electric	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	hand	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L8605	Inj bulking agent	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	anal canal	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	anai canai	Payment and Coding Policy (CPCP).			
L7009	Adult alastria baak				
17009	Adult electric hook	,	-	-	-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L8608	Arg ii ext	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	com/sup/acc misc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
L7040	Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review	_	-	-
		(Predetermination) to avoid post-service review.			
L8614	Cooklear Davisa	· · · · · · · · · · · · · · · · · · ·			
10014	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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Headset Replace	Criteria. Submit for Recommended Clinical Review			
	•	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
L8616	Coch Implant	MP Criteria: Procedure/service reviewed against Medical Policy			
19010	•		-	-	-
	Microphone Repl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
8617	Coch Implant Trans	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Coil Repl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
L8618	Coch Implant Tran	MP Criteria: Procedure/service reviewed against Medical Policy			
10010	Cable Repl	Criteria. Submit for Recommended Clinical Review	-	-	-
	Cable Kepi				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
L8619	Coch Imp Ext	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Proc/Contr Rplc	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
L8621	Repl Zinc Air	MP Criteria: Procedure/service reviewed against Medical Policy			
	Battery	Criteria. Submit for Recommended Clinical Review	_	-	_
	Battery	(Predetermination) to avoid post-service review. Prior Authorization			
		•			
10522	5 1 4 11 11	may be required per contract agreement.			
L8622	Repl Alkaline	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Battery	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	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Non-Earlyl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		, , ,			
10024	Lith Ion Dott Cid	may be required per contract agreement.			
L8624	Lith Ion Batt Cid	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	_
	Ear Level	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
L8627	Cid Ext Speech	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Process Repl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		·			
10670	Cid Ext Controller	may be required per contract agreement.			
L8628	Cid Ext Controller	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-
	Repl	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			

L8629	Cid Transmit Coil	MP Criteria: Procedure/service reviewed against Medical Policy			
	And Cable	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review. Prior Authorization	1		
		·			
L8690	Aud Osseo Dev	may be required per contract agreement.			
19090		MP Criteria: Procedure/service reviewed against Medical Policy	-	-	_
	Int/Ext Comp	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization	1		
		may be required per contract agreement.			
L8691	Aoi Snd Proc Repl	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	Excl Actua	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization	1		
		may be required per contract agreement.			
L8693	Aud Osseo Dev	MP Criteria: Procedure/service reviewed against Medical Policy			
	Abutment	Criteria. Submit for Recommended Clinical Review	_	_	_
	Abutillelit				
		(Predetermination) to avoid post-service review. Prior Authorization			
10000	Described to the dead	may be required per contract agreement.			
L8699	Prosthetic implant	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	NOS	maybe subject to contract/clinical review.			
L7045	Pediatric electric	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	hook	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L7170	Electronic elbow	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	hosmer swit	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			
1410073	cential therapy		-	-	-
N40076	Drolothorony	subject to pre-service review.			
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
M0240	Casiri and imdev	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	repeat	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
M0241	Casiri and imdev	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	repeat hm	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
M0243	Casirivi and imdevi	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
	inj	pre-service review. Check EIU policy, which is one of our Clinical	0, 1, 2020	_	06/01/2023
	"")				00/01/2023
N40244	Casinini and incoloni	Payment and Coding Policy (CPCP).	6/1/2023		A alal a \$5 a a \$1
M0244	Casirivi and imdevi	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	-	Add effective
	inj hm	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
M0245	bamlan and etesev	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	infusion	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
M0246	Bamlan and etesev	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
	infus home	pre-service review. Check EIU policy, which is one of our Clinical		_	06/01/2023
	as rioe	Payment and Coding Policy (CPCP).			33, 32, 2323
L7180	Electronic elbow	MP Criteria: Procedure/service reviewed against Medical Policy			
L/100			_	_	_
	sequential	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
P9020	Plaelet rich plasma	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	unit	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
P9099	Blood	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	component/produc	subject to pre-service review.			
	t noc	Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
Q0240	Casirivi and imdevi	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
Q32 10			3/ 1/ 2023	-	
	600mg	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
00045		Payment and Coding Policy (CPCP).	C /4 /2 22 -		
Q0243	casirivimab and	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023	_	Add effective
	imdevimab	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			

Q0244	Casirivi and imdevi	EIU: Procedure/service not reimbursed by the Plan. Not subject to	6/1/2023		Add effective
	1200 mg	pre-service review. Check EIU policy, which is one of our Clinical		<del>-</del>	06/01/2023
	22006	Payment and Coding Policy (CPCP).			00,01,2020
00345	hamlanivimah and		6/1/2023		Add offortive
Q0245	bamlanivimab and	EIU: Procedure/service not reimbursed by the Plan. Not subject to	0/1/2023	-	Add effective
	etesevima	pre-service review. Check EIU policy, which is one of our Clinical			06/01/2023
		Payment and Coding Policy (CPCP).			
Q0507	Misc sup/acc ext	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	VAD	maybe subject to contract/clinical review.			
Q0508	Misc sup/acc imp	Unlisted: Procedure/service not specifically defined or classified,			
	VAD	maybe subject to contract/clinical review.	_	-	_
Q0509	Mis sup/ac imp	Unlisted: Procedure/service not specifically defined or classified,			
Q0303			-	-	-
00540	VAD nopay med	maybe subject to contract/clinical review.			
Q0510	Dispens fee	Non Covered: Procedure/service not covered by the Plan. Not	-	-	_
	immunosupressive	subject to pre-service review.			
Q0511	Sup fee antiem	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	antica immuno	subject to pre-service review.			
Q0512	Px sup fee anti-can	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
	sub pres	subject to pre-service review.	_	_	_
L7181	Electronic elbo	MP Criteria: Procedure/service reviewed against Medical Policy			
L/101	simultaneous	Criteria. Submit for Recommended Clinical Review	-	-	-
	Silliultalieous				
		(Predetermination) to avoid post-service review.			
L7185	Electron elbow	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	adolescent sw	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q2039	Influenza virus	Unlisted: Procedure/service not specifically defined or classified,	_	_	_
	vaccine nos	maybe subject to contract/clinical review.			
Q2041	Axicabtagene	MP Criteria: Procedure/service reviewed against Medical Policy			
Q2011	ciloleucel car+	Criteria. Submit for Recommended Clinical Review	-	-	_
	Ciloleucei cai +				
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
Q2042	Tisagenlecleucel car-	- MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pos t	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
Q2050	Doxorubicin inj	Unlisted: Procedure/service not specifically defined or classified,			
Q2030	•	maybe subject to contract/clinical review. Prior Authorization may	-	-	_
	10mg				
		be required per contract agreement.			
Q2052	Ivig demo	Non Covered: Procedure/service not covered by the Plan. Not			
	services/supplies	subject to pre-service review.	-	-	_
Q2053		MP Criteria: Procedure/service reviewed against Medical Policy			
Q2033	•		_	-	_
	pos t	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
Q2054	Lisocabtagene mara	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	car pos t	Criteria. Submit for Recommended Clinical Review			
	·	(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
Q2055	Idecabtagene	MP Criteria: Procedure/service reviewed against Medical Policy			
Q2033	•		-	-	-
	vicleucel car	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review. Prior Authorization			
		may be required per contract agreement.			
Q2056	Ciltacabtagene car-	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	pos t	Criteria. Submit for Recommended Clinical Review			
	P	(Predetermination) to avoid post-service review. Prior Authorization			
		•			
04050	Cost supplies	may be required per contract agreement.			
Q4050	Cast supplies	Unlisted: Procedure/service not specifically defined or classified,	-	-	-
	unlisted	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	subject to pre-service review.	_	_	_
	D di de CAi				
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			

Q4100	Skin substitute NOS	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically defined			
		or classified, maybe subject to contract/clinical review.			
L7186	Electron elbow	MP Criteria: Procedure/service reviewed against Medical Policy			
17100	child switch		_	-	-
	Cilia Switch	Criteria. Submit for Recommended Clinical Review			
. =		(Predetermination) to avoid post-service review.			
L7190	Elbow adolescent	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	myoelectron	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	_	-	-
17404	en	Payment and Coding Policy (CPCP).			
L7191	Elbow child	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-
	myoelectronic ct	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L7364	Twelve volt battery	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	utah/equ	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
L7366	Battery chrgr 12	MP Criteria: Procedure/service reviewed against Medical Policy			
	volt utah/e	Criteria. Submit for Recommended Clinical Review	_	_	-
	voic atany c	(Predetermination) to avoid post-service review.			
L8604	Doxtranomor/hyalu	MP Criteria: Procedure/service reviewed against Medical Policy			
L80U4	•	- · · · · · · · · · · · · · · · · · · ·	-	-	-
	ronic acid	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	_ : = _ : : _ :			
Q 1112	Cymetra mjectabie	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-
04112	Cueftia alcat con usas	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).			
L8606	Synthetic implnt	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	urinary 1ml	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).			
L8612	Aqueous shunt	MP Criteria: Procedure/service reviewed against Medical Policy			
10012	· ·		_	_	-
	prosthesis	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	micromatrix	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			
~	THETUSKIT		-	_	-
		pre-service review. Check EIU policy, which is one of our Clinical			
	- 1 /:	Payment and Coding Policy (CPCP).			
L8701	Ewh s/d uprt micro	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	sensor	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q4123	ALLOSKIN RT PER	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	SQUARE	pre-service review. Check EIU policy, which is one of our Clinical			
	CENTIMETER	Payment and Coding Policy (CPCP).			
1	CENTIFICIEN	. aymont and coding i only (ci ci j.			

Q4124	OASIS ULTRA TRI-	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	LAYER WOUND	pre-service review. Check EIU policy, which is one of our Clinical				
	MATRIX PER	Payment and Coding Policy (CPCP).				
	SQUARE					
	CENTIMETER					
Q4125	ARTHROFLEX PER	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	SQUARE	pre-service review. Check EIU policy, which is one of our Clinical				
	CENTIMETER	Payment and Coding Policy (CPCP).				
Q4126		EIU: Procedure/service not reimbursed by the Plan. Not subject to				
	/tranz/integup	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-	
	, tranz, integap	Payment and Coding Policy (CPCP).				
Q4127	TALYMED PER	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q-127	SQUARE	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-	
	•	· · · · · · · · · · · · · · · · · · ·				
10703	CENTIMETER	Payment and Coding Policy (CPCP).				$\overline{}$
L8702	•	MP Criteria: Procedure/service reviewed against Medical Policy	-	-	-	
	sensor	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
Q4130		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-	
	SQUARE	pre-service review. Check EIU policy, which is one of our Clinical				
	CENTIMETER	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.				
Q2026	Radiesse injection	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				
Q 123 1	minum	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				
Q4133	Mediskiii		_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
0.4406	F7.1	Payment and Coding Policy (CPCP).				
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4137	Amnioexcel	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-	
	biodexcel 1sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4138	Biodfence dryflex	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	1cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4139	Amnio or	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	biodmatrix inj 1cc	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				
Q1111	7 moskin de 1 em	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-	
04143	Vom higherintiss	Payment and Coding Policy (CPCP).				$\overline{}$
Q4142	Xcm biologic tiss	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-	
	matrix 1cm	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
	1 sq cm	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_	
		Payment and Coding Policy (CPCP).				
1		. a, ment and coding i only (or or j.				

Q4148	Neox neox rt or	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	clarix cord	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			
Q+1+3	Execuagen 0.1 cc		-	-	-
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4150	Allowrap ds or dry 1	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q4152	Dermapure 1	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q1132	•	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	square cm				
0.4450		Payment and Coding Policy (CPCP).			
Q4153	Dermavest	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	plurivest sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q4155	Neoxflo or clarixflo	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q+155		pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
	1 mg				
		Payment and Coding Policy (CPCP).			
Q4156	Neox 100 or clarix	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	100	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4157	Revitalon 1 square	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4158	Kerecis omega3	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q+150	_		-	-	-
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy	_		-
		Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q4160	Nushield 1 square	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4161	Bio-connekt per	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q.1202	square cm	pre-service review. Check EIU policy, which is one of our Clinical	_	_	-
	Square citi				
0.4460		Payment and Coding Policy (CPCP).			
Q4162		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-
	flw 0.5cc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4163	Woundex bioskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4164	Helicoll ner square	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q1101		pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	cm				
		Payment and Coding Policy (CPCP).			
Q4165	Keramatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	Kerasorb sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
		FILL Decoders (see size and reinshoused by the Diag Net subject to			
Q4166	Cytal per square	EIU: Procedure/service not reimbursed by the Plan. Not subject to		_	
Q4166	Cytal per square centimeter		_	_	_
Q4166		pre-service review. Check EIU policy, which is one of our Clinical	_	-	_
	centimeter	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		_	
	centimeter  Truskin per sq	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	centimeter	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
Q4167	centimeter  Truskin per sq centimeter	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4166 Q4167 Q4105	centimeter  Truskin per sq	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
Q4167	centimeter  Truskin per sq centimeter	pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	- -

Q4169	Artacent wound	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	-	
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4170	Cygnus 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).				
Q4171	Interfyl 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).				
Q4173	Palingen or	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
	palingen xplus	pre-service review. Check EIU policy, which is one of our Clinical	_	<del>-</del>	<del>-</del>	
	P G	Payment and Coding Policy (CPCP).				
Q4174	Palingen or	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q1171	promatrx	pre-service review. Check EIU policy, which is one of our Clinical	-	_	_	
	promatix					
04175	Miroderm	Payment and Coding Policy (CPCP).				
Q4175	wiiroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4176	Neopatch or	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	-	-	
	therion per square	pre-service review. Check EIU policy, which is one of our Clinical				
	centimeter	Payment and Coding Policy (CPCP).				
Q4177	Floweramnioflo 0.1	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	СС	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4178	Floweramniopatch	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4179	Flowerderm per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
	cm	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_	
		Payment and Coding Policy (CPCP).				
Q4180	Revita 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).				
Q4181	Amnio wound per	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q+101	·	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-	
	square cm					
Q4182	Transcuto nor ca	Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q4102	Transcyte per sq		-	-	_	
	centimeter	pre-service review. Check EIU policy, which is one of our Clinical				
0.4400	0 : 6:4	Payment and Coding Policy (CPCP).				
Q4183	Surgigraft 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).				
Q4184	Cellesta or duo per	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4185	Cellesta flowab	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	amnion 0.5cc	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy				
	· ·	Criteria. Submit for Recommended Clinical Review	_	_	_	
		(Predetermination) to avoid post-service review.				
Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy				
	o. a. gaonet	Criteria. Submit for Recommended Clinical Review	-	-	-	
		(Predetermination) to avoid post-service review.				
Q4188	Amnioarmor 1 sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q+100	•		-	-	-	
	cm	pre-service review. Check EIU policy, which is one of our Clinical				
04400	A .b	Payment and Coding Policy (CPCP).				
Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				

Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	J.	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
04103	Doctoriain 1 oc				
Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q.25.		pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
0.4405	D I 4	Payment and Coding Policy (CPCP).			
Q4195	Puraply 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).			
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q+157	r drupty xt 1 3q cm	pre-service review. Check EIU policy, which is one of our Clinical	-	-	-
		• • •			
		Payment and Coding Policy (CPCP).			
Q4198	Genesis amnio	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	membrane 1sqcm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4199	Cygnus matrix per	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
	39 6111	Payment and Coding Policy (CPCP).			
04300	Clain to 1 ca am				
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4201	Matrion 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4202	Keroxx (2.5g/cc)	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	1cc	pre-service review. Check EIU policy, which is one of our Clinical	<del>-</del>	<del>-</del>	_
	-00	Payment and Coding Policy (CPCP).			
Q4203	Derma-gide 1 sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q4203	= '		-	-	-
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4204	Xwrap 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).			
Q4205	Membrane graft or	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	wrap sq cm	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-
	wrap sq cm	Payment and Coding Policy (CPCP).			
0.4200	المناط المناسبة المناط علامة				
Q4206	_	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	1 cc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4208	Novafix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	2 O. 2 1 PC. 3 4 5111	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		• • •			
04310	Auglatianas	Payment and Coding Policy (CPCP).			
Q4210	Axolotl graf	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-
	dualgraf sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4211	Amnion bio or	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
Q4211		pre-service review. Check EIU policy, which is one of our Clinical			
Q4211	axobio sa cm	pre-service review. Check Lio policy, which is one of our chincar			
Q4211	axobio sq cm				
		Payment and Coding Policy (CPCP).			
Q4211	Allogen per cc	Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to		-	_
		Payment and Coding Policy (CPCP).	-	-	-

Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	, and the second	pre-service review. Check EIU policy, which is one of our Clinical	_	_	_	
		Payment and Coding Policy (CPCP).				
Q4214	Collecta cord per ca	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q4214	·		-	-	-	
	cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4215	Axolotl ambient	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	cryo 0.1 mg	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4216	Artacent cord per	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
α.220	sq cm	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-	
	34 6111					
0.4247	VA/ 15°	Payment and Coding Policy (CPCP).				
Q4217	Woundfix	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-	
	biowound plus	pre-service review. Check EIU policy, which is one of our Clinical				
	xplus	Payment and Coding Policy (CPCP).				
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4219	Surgigraft dual per	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q4213	'		-	_	-	
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4220	Bellacell HD	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	Surederm sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4221	Amniowrap2 per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
	cm	pre-service review. Check EIU policy, which is one of our Clinical	-	<del>-</del>	-	
	CIII					
0.4222	B	Payment and Coding Policy (CPCP).				
Q4222		EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-	
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4224	Hhf10-p per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4225	Amniobind per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q.223	cm	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-	
	CIII					
0.4227	A	Payment and Coding Policy (CPCP).				
Q4227	Amniocore per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	-	
	cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4229	Cogenex amnio	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	memb per sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
	• •	Payment and Coding Policy (CPCP).				
Q4230	Cogenex flow	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q+250	•		-	_	-	
	amnion 0.5 cc	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
		pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
		pre-service review. Check EIU policy, which is one of our Clinical	_	_	_	
		Payment and Coding Policy (CPCP).				
04222	Curfactor /audum					
Q4233	Surfactor /nudyn	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-	
	per 0.5 cc	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4234	Xcellerate per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_	
	cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4235	Amniorepair or	EIU: Procedure/service not reimbursed by the Plan. Not subject to				
Q 1200	·		-	-	-	
	altiply sq cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
Q4236	Carepatch per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	_	_	
	cm	pre-service review. Check EIU policy, which is one of our Clinical				
		Payment and Coding Policy (CPCP).				
		•				

Q4237	Cryo-cord per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4238	Derm-maxx per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q-1230	•		-	_	_
	cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4239	Amnio-maxx or lite	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4240	Corecyte topical	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	only 0.5 cc	pre-service review. Check EIU policy, which is one of our Clinical	_	<del>-</del>	<del>-</del>
	omy 0.5 cc				
04344	Dalianta taniani	Payment and Coding Policy (CPCP).			
Q4241	Polycyte topical	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
	only 0.5cc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4242	Amniocyte plus per	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	0.5 cc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4244	Procenta per 200	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q4244	· ·		-	-	<del>-</del>
	mg	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4246	Coretext or protext	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
	per cc	pre-service review. Check EIU policy, which is one of our Clinical	-	_	<del>-</del>
	per cc	* **			
04047		Payment and Coding Policy (CPCP).			
Q4247	Amniotext patch	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4248	Dermacyte amn	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	mem allo sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
	·	Payment and Coding Policy (CPCP).			
Q4249	Amninly nersacm	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q1213	7 minipry per sq cm	pre-service review. Check EIU policy, which is one of our Clinical	-	_	-
		Payment and Coding Policy (CPCP).			
Q4250	Amnioamp-mp per	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
	sq cm	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4251	Vim per square	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	<u>_</u>	<u>_</u>
	centimeter	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4252	Vandaja par sauara	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q4232		•	-	-	_
	centimet	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4253	Zenith amniotic	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
	membrane psc	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4254	Novafix dl per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
α.23.	cm	pre-service review. Check EIU policy, which is one of our Clinical	-	-	_
	CIII				
		Payment and Coding Policy (CPCP).			
Q4255	Reguard topical	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	use per sq	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4256	Mlg complet per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to			_
	cm	pre-service review. Check EIU policy, which is one of our Clinical	_	<u>-</u>	
		Payment and Coding Policy (CPCP).			
04357	Poloco nos es est				
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	_	_	_
		pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).			

Q4259	Celera per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
		pre-service review. Check EIU policy, which is one of our Clinical	_	_	_
		Payment and Coding Policy (CPCP).			
Q4260	Signature apatch	EIU: Procedure/service not reimbursed by the Plan. Not subject to			
Q+200	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical	_	-	-
	per sq citi	Payment and Coding Policy (CPCP).			
04361	Tog nor causes	_ : = _ : : _ :			
Q4261	Tag per square	EIU: Procedure/service not reimbursed by the Plan. Not subject to	-	-	-
	centimeter	pre-service review. Check EIU policy, which is one of our Clinical			
		Payment and Coding Policy (CPCP).	. /. /2222		
Q4262	Dual layer impax	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	Add effective
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
Q4263	Surgraft tl per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
Q4264	Cocoon membrane	EIU: Procedure/service not reimbursed by the Plan. Not subject to	1/1/2023	_	Add effective
	per sq cm	pre-service review. Check EIU policy, which is one of our Clinical			01/01/2023
		Payment and Coding Policy (CPCP).			
Q4265	Neostim tl per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	_	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy			
	· ·	Criteria. Submit for Recommended Clinical Review	_	_	_
		(Predetermination) to avoid post-service review.			
Q4266	Neostim per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
Q-1200	recostini per sq cin	pre-service review. Check EIU policy, which is one of our Clinical	3/1/2023	_	09/01/2023
		Payment and Coding Policy (CPCP).			03/01/2023
Q4114	Integra flowable	MP Criteria: Procedure/service reviewed against Medical Policy			
Q4114	•		_	_	-
	wound matri	Criteria. Submit for Recommended Clinical Review			
04267	Na satissall sauce	(Predetermination) to avoid post-service review.	0/1/2022		A alal affa ations
Q4267	Neostim dl per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	_	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		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.			
Q4268	Surgraft ft per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	_	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
Q4122	Dermacell awm	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
	porous sq cm	Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
Q4269	Surgraft xt per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	_	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
Q4128	Flexhd/allopatchhd				
•	/sq cm	Criteria. Submit for Recommended Clinical Review	_	_	_
	7 - 4	(Predetermination) to avoid post-service review.			
Q4270	Complete sl per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023		Add effective
Q-1270	cm	pre-service review. Check EIU policy, which is one of our Clinical	3/1/2023	_	09/01/2023
	CITI				03/01/2023
Q4132	Grafiy coro grafiyal	Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy			
Q4132			_	_	-
	core	Criteria. Submit for Recommended Clinical Review			
0.4374	Commists Stars	(Predetermination) to avoid post-service review.	0/1/2022		A alal a CC a straight
Q4271	Complete ft per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to	9/1/2023	-	Add effective
	cm	pre-service review. Check EIU policy, which is one of our Clinical			09/01/2023
		Payment and Coding Policy (CPCP).			
Q4133	Grafix stravix prime	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
Q4133	Grafix stravix prime pl sqcm	Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	_	_
Q4133		- · · · · · · · · · · · · · · · · · · ·	_	-	_
Q4133 Q5009		Criteria. Submit for Recommended Clinical Review	-	_	_

Predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.						
Predetermination   to avoid post-service review. Prior Authorization	Q5103	Injection inflectra	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
May be required per contract agreement.  Substitute of Microtics reference with Scriptists in Proceeding Agreement engagement.  Substitute of Microtics in Proceeding Agreement engagement.  Substitute of Microtics in Proceeding Agreement.  Substitute of Recommended Clinical Review.  Further Agreement Agreement Agreement.  Substitute of Recommended Clinical Review.  Further Agreement.  Substitute of Recommend			Criteria. Submit for Recommended Clinical Review			
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Circles Submit for Recommended Clinical Review  (Predetermination) to avoid post-service review. Prior Authorization  may be required per contract agreement.  (S106)  (S106)  (S107)			may be required per contract agreement.			
Predetermination   Law and post-service review. Prior Authorization   may be required es contract a greater the prior   Chiefa   Policy	Q5104	Injection renflexis	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
injurtance in consequence of the control of the con			Criteria. Submit for Recommended Clinical Review			
Injection (Injection non-more of the Circless - Submit for Recommended Clinical Review   Front Authorization   Injection (Injection (Injection) to avoid post-service review. Prior Authorization   Injection (Injection) (I			(Predetermination) to avoid post-service review. Prior Authorization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
use Criteria Submit for Recommended Clinical Review (Predetermination) is avail pass service review. Prior Authorization may be required per control agreement.  QS109 Injection Wift 10 MP Criteria: Procedure/service reviewer displant Medical Policy			may be required per contract agreement.			
Perdetermination   To avoid post-service review. Pior Authorization   may be required per contract agreement.	Q5106	Inj retacrit non-esrd	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
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Description			(Predetermination) to avoid post-service review. Prior Authorization			
mg Criteria. Submit for Recommended Clinical Review			may be required per contract agreement.			
Predetermination   It avoid post-service review. Prior Authorization may be required or contract agreement.	Q5109	Injection ixifi 10	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
Mayor   Mayo		mg	Criteria. Submit for Recommended Clinical Review			
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Predetermination   to avoid post-service review. Prior Authorization may be required per contract agreement		,	Criteria. Submit for Recommended Clinical Review			05/01/2023; Retire
May be required per contract agreement.   06/30/2023			(Predetermination) to avoid post-service review. Prior Authorization			
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guardian 1 sq cm Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  S0117 Tertinoin topical 5 g. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S0142 Colistmethate inh Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S0157 Becaplerming el 1% MP Criteria: Procedure/service not covered by the Plan. Not S0158 Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per-contract agreement.  S0197 Prenatal vitamins S0198 Prenatal vitamins S0199 Prenatal vitamins S0190 All Hospitalist Visit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S0100 Hospitalist Visit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S0100 RN telephone calls Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  S0100 Misc integral lens S0100 Subject to pre-service review.  S0100 All S010 Subject to pre-service review.  S0100 Subject to pre-service review.  S			Thay be required per contract agreement.			
Predetermination to avoid post-service review.	Q4151	Amnioband	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
Q4154   Blovance 1 square   MP Criteria: Procedure/service reviewed against Medical Policy   Criteria. Submit for Recommended Clinical Review   Predetermination   Lawoid post-service review.   Productive   Predetermination   Lawoid post-service review.   Predetermination   Lawoid post-service   Predetermination   Lawoid   Predetermination   Lawoid post-service   Predetermination   Lawoid		guardian 1 sq cm	Criteria. Submit for Recommended Clinical Review			
cm			(Predetermination) to avoid post-service review.			
Predetermination   to avoid post-service review.	Q4154	Biovance 1 square	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
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Solidation	S0117	Tretinoin topical 5 g	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_
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Prenatal vitamins   may be required per contract agreement.				_	_	_
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S0810 Photorefractive keratectomy subject to pre-service review.  S1001 Deluxe item Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  S1002 Custom item Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Q4168 Amnioband 1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.  Q4187 Epicord 1 sq cm MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Criteria. Submit for Recommended Cli						
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Q4186 Epifix 1 sq cm MP Criteria: Procedure/service reviewed against Medical Policy						
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CPredetermination   to avoid post-service review.   Q4187   Epicord 1 sq cm   MP Criteria: Procedure/service reviewed against Medical Policy     Criteria. Submit for Recommended Clinical Review	Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
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	Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_
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(Predetermination) to avoid post-service review.			(Predetermination) to avoid post-service review.			

S2117	Arthroereisis subtalar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4265	Neostim tl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
S2120	Low Density Lipoprotein(LdI)	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.	-	-	-
Q4266	Neostim per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4267	Neostim dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4268	Surgraft ft per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4269	Surgraft xt per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4270	Complete sl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4271	Complete ft per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
S2300	Arthroscopy shoulder surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	_
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q5124	Inj. byooviz 0.1 mg		_	-	-
Q5128	Inj cimerli 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	-	Add effective 06/01/2023
S3600	Stat lab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
S3650	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3652	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S4015	Complete IVF nos case rate	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S0013	Esketamine nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

S0800	Laser in situ	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	keratomileusis	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
S1091	Stent non-coronary	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	propel	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
S2083	Adjustment gastric	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	band	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
S2112	Knee arthroscp harv	MP Criteria: Procedure/service reviewed against Medical Policy				
	•	Criteria. Submit for Recommended Clinical Review	_	_	_	
		(Predetermination) to avoid post-service review.				
		, ,				
S2118	Total hip	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	-	
	resurfacing	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
S2140	Cord blood	MP Criteria: Procedure/service reviewed against Medical Policy	_	_	_	
	harvesting	Criteria. Submit for Recommended Clinical Review				
		(Predetermination) to avoid post-service review.				
S4990	Nicotine patch	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	legend	subject to pre-service review.				
S4991	Nicotine patch	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	nonlegend	subject to pre-service review.				
S4995	Smoking cessation	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	gum	subject to pre-service review.				
S5035	Hit Routine Device	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	Maint	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	Non Covered: Procedure/service not covered by the Plan. Not				
	services 15min	subject to pre-service review.	_	_	_	
S5101	Adult day care per	Non Covered: Procedure/service not covered by the Plan. Not				
	half day	subject to pre-service review.	_	_	_	
S5102	Adult day care per	Non Covered: Procedure/service not covered by the Plan. Not				
	diem	subject to pre-service review.	_	_	-	
S5105	Centerbased day	Non Covered: Procedure/service not covered by the Plan. Not				
00100	care perdiem	subject to pre-service review.	_	_	-	
S5108	Homecare train pt	Non Covered: Procedure/service not covered by the Plan. Not				
33100	15 min	subject to pre-service review.	-	-	-	
S5109	Homecare train pt	Non Covered: Procedure/service not covered by the Plan. Not				
33103	•	subject to pre-service review.	-	-	-	
S5110	session Family homecare	Non Covered: Procedure/service not covered by the Plan. Not				
33110	•	•	_	-	-	
S5111	training 15m	subject to pre-service review.				
22111	Family homecare	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-	
CE11E	train/sessio	subject to pre-service review.				
S5115	Nonfamily	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-	
	homecare	subject to pre-service review.				
	train/15m					
S5116	Nonfamily HC	Non Covered: Procedure/service not covered by the Plan. Not	-	-	-	
	train/session	subject to pre-service review.				
S5120	Chore services per	Non Covered: Procedure/service not covered by the Plan. Not	-	_	-	
	15 min	subject to pre-service review.				
S5121	Chore services per	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	
	diem	subject to pre-service review.				
S5125	Attendant care	Non Covered: Procedure/service not covered by the Plan. Not	_	_	_	