

Predetermination, Post-Service Review and Non-Covered

2022 Commercial Benefit Procedure Code List

Posted October 2022

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

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

Candidates for a predetermination,

- Not a benefit for our members,

- Considered experimental, investigational and unproven (EIU), or

- Not on our prior authorization list (with some exceptions based on members' benefit plans)

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

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

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

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

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

Code	Code Description	Code Group & Description	Medical Policy No.	Medical Policy Title	Effective Date	Ending Date
00104	Anesth Electroshock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.013	Electroconvulsive Therapy	-	-
00640	Anesth Spine Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	_	_
00797	Anesth Surgery For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.003	Bariatric Surgery	_	_
11200	Removal Of Skin Tags <w 15<="" td=""><td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.</td><td>SUR716.001</td><td>Cosmetic and Reconstructive Procedures</td><td>_</td><td>9/30/2021</td></w>	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	_	9/30/2021
11200	Removal Of Skin Tags <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service</td><td>-</td><td>-</td><td>10/1/2021</td><td>_</td></w>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	10/1/2021	_
11201	Remove Skin Tags Add-On	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001	Cosmetic and Reconstructive Procedures	_	9/30/2021
11201	Remove Skin Tags Add-On	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	_	10/1/2021	_
11920	Correct Skin Color 6.0 Cm/<	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for productormination to quoid and conting review.	SUR716.001	Cosmetic and Reconstructive Procedures	_	_
11921	Correct Skn Color 6.1-20.0Cm	· · · · · · · · · · · · · · · · · · ·	SUR716.011 SUR716.001	Reconstructive Breast Surgery Cosmetic and Reconstructive Procedures Described to Describe Reconstructive Procedures	_	_
11922	Correct Skin Color Ea 20.0Cm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011 SUR716.001	Reconstructive Breast Surgery Cosmetic and Reconstructive Procedures		
11950	Tx Contour Defects 1 Cc/<	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.011 SUR716.001 SUR717.001 SUR706.009	Reconstructive Breast Surgery Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sieep Related Breathing Disorders: Surgical Management	_	_
11951	Tx Contour Defects 1.1-5.0Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Seep Related Breaking Usbudies: Surgical management. Cosmetic and Reaconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sieen Related Breathing Disorder: Surgical Management	-	-
11952	Tx Contour Defects 5.1-10Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleen Related Breathing Disorder: Surgical Management	-	-
11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleen Related Rearbing Disorders: Surgical Management	-	-
11960	Insert Tissue Expander(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
11970	Rplcmt Tiss Xpndr Perm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.001 SUR716.011	Breast implant, Removal and/or insertion Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	-	-
11980	Implant Hormone Pellet(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.063 SUR717.001 RX501.007 RX501.076	Compounded Drug Products Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	-	-
15758	Free Fascial Flap Microvasc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.024	Surgery for Lipedema and Lymphedema	-	_
15769	Grfg Autol Soft Tiss Dir Exc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15771	Grfg Autol Fat Lipo 50 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15772	Grfg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.021 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Reconstructive Breast Surgery	1/15/2021	-
15775	Hair Trnspl 1-15 Punch Grfts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
15776	Hair Trnspl >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
15780	Dermabrasion Total Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-

15781	Dermabrasion Segmental Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.001	Acre Management Cosmicii and Reconstructive Procedures	_	_
	_	predetermination to avoid post-service review.	SUR717.001 THE801.030 THE801.028	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea Acne Manaement		_
15782	Dermabrasion Other Than Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 THE801.030	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.030 THE801.028 SUR716.001	Nonpharmacologic Treatment of Rosacea Acne Management Cosmetic and Reconstructive Procedures		
15783	Dermabrasion Suprfl Any Site	predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-
15786	Abrasion Lesion Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures	-	-
15787	Abrasion Lesions Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Acne Management Cosmetic and Reconstructive Procedures		
		predetermination to avoid post-service review.	SUR717.001 THE801.028	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Acne Management		-
15788	Chemical Peel Face Epiderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.018 SUR717.001 THE801.030	Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.030 THE801.028 SUR716.018	Nonpharmacologic Treatment of Rosacea Acne Management Chemical Peels		
15789	Chemical Peel Face Dermal	predetermination to avoid post-service review.	SUR717.001 THE801.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	-	-
15792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.028 SUR716.018	Acne Management Chemical Peels	_	_
		predetermination to avoid post-service review.	SUR717.001 THE801.030 THE801.028	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea Acne Management	_	-
15793	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.018 SUR717.001	Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	_
15820	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.030 SUR716.004	Nonpharmacologic Treatment of Rosacea Blepharoplasty, Blepharoptosis and Brow Repair		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.004	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Blepharoplasty, Blepharoptosis and Brow Repair	-	-
15821	Revision Of Lower Eyelid	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.004	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Blepharoplasty, Blepharoptosis and Brow Repair	-	-
15822	Revision Of Upper Eyelid	predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15823	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15824	Removal Of Forehead Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.031	Surgical Deactivation of Headache Trigger Sites Cosmetic and Reconstructive Procedures		
15825	Removal Of Neck Wrinkles	predetermination to avoid post-service review.	SUR717.001 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Cosmetic and Reconstructive Procedures	-	-
15826	Removal Of Brow Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15828	Removal Of Face Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.031 SUR716.001	Surgical Deactivation of Headache Trigger Sites Cosmetic and Reconstructive Procedures		
15829	Removal Of Skin Wrinkles	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Cosmetic and Reconstructive Procedures	-	-
15025	Removal of Skill Willikies	predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
15830	Exc Skin Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15832	Excise Excessive Skin Thigh	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
15833	Evelop Evenesive Chip Log	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures Control Action and Control Reconstructive Procedures Control Action and Control Reconstructive Reconstructive Related Controls		
13033	Excise Excessive Skin Leg	predetermination to avoid post-service review.	SUR717.001 SUR701.024 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	-	-
15834	Excise Excessive Skin Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15835	Excise Excessive Skin Buttck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15836	Excise Excessive Skin Arm	predetermination to avoid post-service review.	SUR717.001 SUR701.024 SUR716.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	-	-
15837	Excise Excess Skin Arm/Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15838	Excise Excess Skin Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		· · · · · · · · · · · · · · · · · · ·	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures		
15839	Excise Excess Skin & Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15847	Exc Skin Abd Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.017 SUR716.001	Surgical Treatment of Gynecomastia Cosmetic and Reconstructive Procedures		
15047		predetermination to avoid post-service review.	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	-	-
15876	Suction Lipectomy Head&Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15877	Suction Lipectomy Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		predetermination to avoid post-service review.	SUR701.024 SUR716.001	Surgery for Lipedema and Lymphedema Cosmetic and Reconstructive Procedures	-	-
15878	Suction Lipectomy Upr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001 SUR701.024	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	-	-
15879	Suction Lipectomy Lwr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipeden and Lymphedema	-	-
15999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-	-
17106	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028 SUR704.008	Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations	_	_
17107	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.030 THE801.028 SUR704.008	Nonpharmacologic Treatment of Rosacea Acne Management Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.030 THE801.028	Nonpharmacologic Treatment of Rosacea Acne Management	-	
17108	Destruction Of Skin Lesions	min chiefts in tocoure service events and a subject to pre-service predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.008 THE801.030	Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations Nonpharmacologic Treatment of Rosacea	-	-
17340	Cryotherapy Of Skin	Elo. Procedule/service not reinfoursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	THE801.028	Acne Management	-	-
17360	Skin Peel Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.028	Acne Management	-	-
17380	Hair Removal By Electrolysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	-
17999	Skin Tissue Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
19105	Cryosurg Ablate Fa Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	-
19300	Removal Of Breast Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.017	Surgical Treatment of Gynecomastia	-	-
19303	Mast Simple Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR716.015	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk-Reducing (Prophylactic) Mastertomy	-	_
1		predetermination to avoid post-service review.	501710.015	Risk-Reducing (Prophylactic) Mastectomy		

19316	Suspension Of Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR716.010 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mastopexy Reconstructive Breast Surgery	-	-
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR716.011	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	-	-
19325	Breast Augmentation W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.012 SUR717.001 SUR716.011	Reduction Mammaplasty Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Reast Surgery	_	_
19328	Rmvl Intact Breast Implant		SUR716.009	Breast Implant, Removal and/or Insertion		
	• • •	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion	-	-
19330	Rmvl Ruptured Breast Implant	predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
19340	Insj Breast Implt Sm D Mast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.009 SUR717.001	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
		predetermination to avoid post-service review.	SUR716.011 SUR716.009	Reconstructive Breast Surgery Breast Implant, Removal and/or Insertion		_
19342	Insj/Rplcmt Brst Implt Sep D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	_	_
			SUR716.011 SUR717.001	Reconstructive Breast Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
19350	Breast Reconstruction	predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
19355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
19357	Tiss Xpndr Plmt Brst Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.011	Reconstructive Breast Surgery		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
19370	Revj Peri-Implt Capsule Brst	predetermination to avoid post-service review.	SUR716.011	Reconstructive Breast Surgery	-	-
19371	Peri-Implt Capslc Brst Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	-	-
			SUR716.021	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast		
19499	Breast Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR701.037 SUR701.031 SUR716.011	Handhell Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Reconstructive Breast Surgery	-	-
20527	Inj Dupuytren Cord W/Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	_	_
20560	Ndl Insj W/O Njx 1 Or 2 Musc	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR702.018	Dry Needing of Trigger Points for Myofascial Pain	-	-
20561	Nell Inc. M/O 111-2-11-1	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Der Nachline af Teiner Daisti far Musfarzist Dair		
20561	Ndl Insj W/O Njx 3+ Musc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	5UK/UZ.U18	Dry Needling of Trigger Points for Myofascial Pain	-	-
20983	Ablate Bone Tumor(S) Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors		
20985	Cptr-Asst Dir Ms Px	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	_	_
		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
20999	Musculoskeletal Surgery	contract/clinical review.	-	-	-	-
21073	Mnpj Of Tmj W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016 SUR705.010	Manipulation Under Anesthesia Temporomandibular Joint (TMJ) Disorders (TMJD)	_	_
21089	Prepare Face/Oral Prosthesis	Unlisted: Procedure/service not specifically defined or classified, may be subject to	301703.010			
		contract/clinical review.	- SUR716.001	Cosmetic and Reconstructive Procedures	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21120	Reconstruction Of Chin	predetermination to avoid post-service review.	SUR705.030 SUR706.009	Orthognathic Surgery Sleep Related Breathing Disorders: Surgical Management	-	-
			SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)		
		MD Criteria December (construction of a structure black of the Defense Criteria Construction)	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21121	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.030	Orthognathic Surgery	-	-
			SUR706.009 SUR705.010	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)		
			SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21122	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.030	Orthognathic Surgery	-	-
		·····	SUR706.009 SUR705.010	Sleep Related Breathing Disorders: Surgical Management Temporomandibular Joint (TMJ) Disorders (TMJD)		
			SUR716.001	Cosmetic and Reconstructive Procedures		
21123	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.001 SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	_	_
		predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management		
			SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)		
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Orthognathic Surgery	-	-
			SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
21127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
			SUR706.009	Sleep Related Breathing Disorders: Surgical Management		
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030 SUR705.010	Orthognathic Surgery Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.030	Orthognathic Surgery		
21146	Lefort I-2 Piece W/ Graft	Prior Authorization per contract agreement.	SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
21147	Lefort I-3/> Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.030 SUR705.010	Orthognathic Surgery	_	_
		Prior Authorization per contract agreement.		Temporomandibular Joint (TMJ) Disorders (TMJD)	_	_
21150	Lefort Ii Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
21151	Lefort Ii W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.030	Orthognathic Surgery		
21151	Lefort II Wybone Grants	Prior Authorization per contract agreement.		Ortilognatile Surgery	-	-
21154	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
21155	Lefort Iii W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	_	_
21159	Lefort Iii W/Fhdw/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705 020	Orthognathic Surgery		
	cost in wyrndwyd Leidit i	Phor Authorization per contract agreement.		or tragmanic output	-	-
21160	Lefort Iii W/Fhd W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Orthognathic Surgery	-	-
21188	Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
21206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	-	-
21208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.030	Orthognathic Surgery	_	_
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR705.030	Orthognathic Surgery	_	_
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		Orthognathic Surgery	-	-

		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	•			
21249	Reconstruction Of Jaw	Vinited: Procedure/service not covered by the Hall. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
21299	Cranio/Maxillofacial Surgery	contract/clinical review.	-	-	-	-
21499	Head Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	-	-
21899	Neck/Chest Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
22505	Manipulation Of Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding				
22526	Idet Single Level	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.023	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	1/1/2023	_
22526	Idet Single Level	predetermination to avoid post-service review.	SUR712.023	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	10/1/2022	12/31/2022
	Mart Orthers Levels	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	CU1774-2-022	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	4/4/2022	
22527	Idet 1 Or More Levels	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.023		1/1/2023	-
22527 22586	Idet 1 Or More Levels Prescri Fuse W/ Instr L5-S1	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.023	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty Axial Lumbosacral Interbody Fusion	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding				
22867	Insj Stablj Dev W/Dcmprn	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	1/1/2023	-
22867	Insj Stablj Dev W/Dcmprn	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	10/1/2022	12/31/2022
22868	Insj Stablj Dev W/Dcmprn	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	1/1/2023	
22868	Insj Stablj Dev W/Dcmprn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	10/1/2022	12/31/2022
22869	Insj Stablj Dev W/O Dcmprn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR712.029	Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices	1/1/2023	
		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for any detection in the period and the processing of the second sec		Interspinous Distraction (Spacers) and Interlaminar Stabilization Devices		12/21/2022
22869	Insj Stablj Dev W/O Dcmprn	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding article (CPCP)	SUR712.029	Interspinous Distraction (spacers) and Internaminar Stabilization Devices Interspinous Distraction (Spacers) and Interfaminar Stabilization Devices	10/1/2022	12/31/2022
	Insj Stablj Dev W/O Dcmprn	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Interspinous Distraction (spacers) and Internaminar Stabilization Devices		-
22870 22899	Insj Stablj Dev W/O Dcmprn Spine Surgery Procedure	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR712.029	incerspinous orstraction (spacers) and internaminal Stabilization Devices	10/1/2022	12/31/2022
22999		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
22555	Abdomen Surgery Procedure	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Criteria.	-	-	-	-
23929	Shoulder Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR705.032	Shoulder Resurfacing	-	-
24300	Manipulate Elbow W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
24999	Upper Arm/Elbow Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
25259	Manipulate Wrist W/Anesthes	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- THE803.016	- Manipulation Under Anesthesia	-	-
25999	Forearm Or Wrist Surgery	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		a konstruction and a	-	-
26340	Manipulate Finger W/Anesth	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- THE803.016	- Manipulation Under Anesthesia	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
26341	Manipulat Palm Cord Post Inj	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	-	-
26989	Hand/Finger Surgery	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
27275	Manipulation Of Hip Joint	predetermination to avoid post-service review.	THE803.016	Manipulation Under Anesthesia	-	-
27279	Arthrodesis Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	3UK7U3.US5	Sacroiliac Joint Fusion or Stabilization	-	-
27280	Fusion Of Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Sacroiliac Joint Fusion or Stabilization	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR702.017 SUR705.019	Facet Joint and Sacroiliac Joint Denervation Hip Resurfacing (HR)		
27299	Pelvis/Hip Joint Surgery	Prior Authorization per contract agreement until 04/01/2022.	SUR705.036 SUR705.029	Surgery for Groin Pain in Athletes Surgical Treatment of Femoroacetabular Impingement (FAI)	-	-
27412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	Moved to PA list	t 12/31/2021
27599	Leg Surgery Procedure	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
27702	Reconstruct Ankle Joint	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.021	Total Ankle Replacement (TAR)		6/30/2022
27703	Reconstruction Ankle Joint	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.021	Total Ankle Replacement (TAR)	-	
27860	Fixation Of Ankle Joint	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.016	Manipulation Under Anesthesia	-	-
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
27899	Leg/Ankle Surgery Procedure	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	-		-	-
28446	Osteochondral Talus Autogrft	Prior Authorization per contract agreement.	SUR705.020	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	-	-
28890	Hi Enrgy Eswt Plantar Fascia	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR705.018	Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
28899	Foot/Toes Surgery Procedure	contract/clinical review.	-	-	-	-
29440	Addition Of Walker To Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
29799	Casting/Strapping Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
29862	Hip Arthr0 W/Debridement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	6/30/2022
29866	Autgrft ImpInt Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 03/31/2022.	SUR705.020 SUR705.035	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	-	_
29868	Meniscal Trnspl Knee W/Scpe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.034	Meniscal Allografts and Other Meniscal Implants	1/1/2022	6/30/2022
29914	Hip Arthro W/Femoroplasty	O4/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29915	Hip Arthro Acetabuloplasty	04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29916	Hip Arthro W/Labral Repair	04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PA maybe required until 04/01/2022.	SUR705.029	Surgical Treatment of Femoroacetabular Impingement (FAI)	1/1/2022	-
29999	Arthroscopy Of Joint	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR705.029 SUR705.041 SUR705.024	Surgical Treatment of Femoroacetabular Impingement (FAI) Thermal Capsulorrhaphy as a Treatment of Joint Instability Unicondylar Interpositional Spacera as a Treatment of Unicompartmental Arthritis of the Knee	-	-
30400	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		10/31/2022
30430	Construction of Mose	Prior Authorization per contract agreement.	SUR706.001	Nasal and Sinus Surgery	-	20/31/2022

30410	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	10/31/2022
30420	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	10/31/2022
30430	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	10/31/2022
30435	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	10/31/2022
30450	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	-	10/31/2022
30468	Rpr Nsl Vlv Collapse W/Implt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR706.017	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	5/15/2021	-
30468	Rpr Nsl Vlv Collapse W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.017	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	2/15/2021	5/14/2021
30999	Nasal Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	SUR706.001	-	-	-
31299	Sinus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	SUR706.019 SUR706.001	-	-	-
31599	Larynx Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	-	-
31647	Bronchial Valve Init Insert	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR706.015	Bronchial Valves	_	6/30/2022
31648	Bronchial Valve Remov Init	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR706.015	Bronchial Valves	-	6/30/2022
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	
31649	Bronchial Valve Remov Addl	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR706.015	Bronchial Valves	-	6/30/2022
31651	Bronchial Valve Addl Insert	predetermination to avoid post-service review.	SUR706.015	Bronchial Valves	-	6/30/2022
31899	Airways Surgical Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
32994	Ablate Pulm Tumor Perq Crybl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	_	-
32998	Ablate Pulm Tumor Perq Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.038	Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	_	_
32999	Chest Surgery Procedure	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	-
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-		-	-
33211	Insert Card Electrodes Dual	predetermination to avoid post-service review.	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	-	-
33213	Insert Pulse Gen Dual Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	-	6/30/2022
33225	L Ventric Pacing Lead Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.054	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	-	6/30/2022
33267	EXCL LAA OPEN ANY METHOD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.009	Percutaneous and Surgical Closure of the Left Atrial Appendage for Stroke Prevention in Atrial Fibrillation	10/1/2022	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Percutaneous and Surgical Closure of the Left Atrial Appendage for Stroke Prevention in Atrial Fibrillation		-
33268	EXCL LAA OTH PX ANY METH	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.009		10/1/2022	-
33269	EXCL LAA THRSCP ANY METHOD	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.009	Percutaneous and Surgical Closure of the Left Atrial Appendage for Stroke Prevention in Atrial Fibrillation	10/1/2022	-
33274	Tcat Insj/Rpl Perm Ldls Pm	predetermination to avoid post-service review.	SUR707.030	Leadless Cardiac Pacemaker	-	-
33275	Tcat Rmvl Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.030	Leadless Cardiac Pacemaker	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and		
33285	Insj Subq Car Rhythm Mntr		MED202.003		-	-
33285 33286	Insj Subq Car Rhythm Mntr Rmvl Subq Car Rhythm Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.003 #N/A	Intracardiac Ischemia Detection Systems) #N/A	-	- 3/31/2021
		predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for		Intracardiac Ischemia Detection Systems)	-	- 3/31/2021 6/30/2022
33286 33289	Rmvl Subq Car Rhythm Mntr Tcat Impl Wrls P-Art Prs Snr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A MED202.058	Intracardiac Ischemia Detection Systems) #N/A Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	-	
33286	Rmvl Subq Car Rhythm Mntr	predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	Intracardiac ischemia Detection Systems) #N/A	- - 10/1/2022	
33286 33289	Rmvl Subq Car Rhythm Mntr Tcat Impl Wrls P-Art Prs Snr	predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A MED202.058	Intracardiac Ischemia Detection Systems) #N/A Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	- - 10/1/2022	
33286 33289 33418	Rmvl Subq Car Rhythm Mntr Tcat Impl Wrls P-Art Prs Snr REPAIR TCAT MITRAL VALVE	predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria ⁻ Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A MED202.058 SUR707.025 SUR707.025 SUR707.026	Intracardiac ischemia Detection Systems) #N/A Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting Transcatheter Mitral Valve Procedures Transcatheter Mitral Valve Procedures Cardiac Restoration and Remodeling Procedures		
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37242	Vasc Embolize/Occlude Artery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	-	-
37243	Vasc Embolize/Occlude Organ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD601.047 SUR701.015 THE801.022	Radioembolization for Primary and Metastatic Tumors of the Liver Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions Transcatheter Arterial Chememembolization (TACE) of the Liver	-	-
37244	Vasc Embolize/Occlude Bleed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.015	Therapeutic Embolization and Vessel Occlusion to Treat Pelvic Conditions	-	-
37500	Endoscopy Ligate Perf Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
37700	Revise Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	_
37718	Ligate/Strip Short Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management	_	_
37722	Ligate/Strip Long Leg Vein	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37735	Removal Of Leg Veins/Lesion	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management	_	
37760	Ligate Leg Veins Radical	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	_
37761	Ligate Leg Veins Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37765	Stab Phleb Veins Xtr 10-20	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
37766	Phleb Veins - Extrem 20+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	-
37780	Revision Of Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	_	_
37785	Ligate/Divide/Excise Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR707.016	Varicose Vein Management		
37799	Vascular Surgery Procedure	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
38129	Laparoscope Proc Spleen	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review.	- SUR703.002	 Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient 	-	-
38204	Bl Donor Search Management	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.043 SUR703.047 SUR703.037 SUR703.036 SUR703.036 SUR703.039 SUR703.039 SUR703.039 SUR703.034 SUR703.034 SUR703.034 SUR703.042 SUR703.032 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.045 SUR703.036 SUR703.036 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038 SUR703.038	Information) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AUS) Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma (Ell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma (SLL) Hematopoletic Cell Transplantation for Chronic Lymphocytic Levkemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Greinetic Diesess and Acquired Anemias Hematopoletic Cell Transplantation for Malegina Lymphoma (HL) Hematopoletic Cell Transplantation for Malegina Lymphoma (HL) Hematopoletic Cell Transplantation for Malegina Lymphomas (HL) Hematopoletic Cell Transplantation for Non-Hodgini Lymphomas Hematopoletic Cell Transplantation for Non-Hodgini Cymphomas Hematopoletic Cell Transplantation for Non-Hodgini Cymphomas Hematopoletic Cell Transplantation for Non-Hodgini Cymphomas Hematopoletic Cell Transplantation for Svaldenstrom Maxcoglobulinemia Hematopoletic Cell Transplantation for Svaldenstrom Maxcoglobulinemia Hematopoletic Cell Transplantation for Svaldenstrom Maxcoglobulinemia Hematopoletic Cell Transplantation for Acquired Immunodeficency Yyndrome (AUS) Hematopoletic Cell Transplantation for Acquired Immunodeficency Yyndrome (AUS) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Yyndrome (AUS) Hematopoletic Cell Transplantation for Acute Myelogenous Levkemia (ALL) Hematopoletic Cell Tra	-	-
38205	Harvest Allogeneic Stem Cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.031 SUR703.030 SUR703.046 SUR703.046 SUR703.046 SUR703.050 SUR703.045	Hematopoletic Cell Transplantation for Genetic Disease and Acquired Anemias Hematopoletic Cell Transplantation for Holgelin Lymphoma (HL) Hematopoletic Cell Transplantation for Malignant Asterosytoms and Glomas Hematopoletic Cell Transplantation for Plasma Cell Porscraits, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for Plasma Cell Porscraits, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for Validenstrum Macroglobulinemia Hematopoletic Cell Transplantation (HC) transfloritomal Infusion Following Preparative Regimens (General Donor and Recipient Hematopoletic Cell Transplantation InfCl Tor Additional Infusion Following Preparative Regimens (General Donor and Recipient	-	-
38206	Harvest Auto Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.002 SUR703.003 SUR703.047 SUR703.047 SUR703.035 SUR703.038 SUR703.038 SUR703.038 SUR703.039 SUR703.041 SUR703.033 SUR703.042 SUR703.042 SUR703.032 SUR703.032 SUR703.045	Information) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Acute Wyelogenous Leukemia (ALL) Hematopoletic Cell Transplantation for Catural Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Echtral Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Echtral Nervous System Source Anemias Hematopoletic Cell Transplantation for Modelin Lymphoma (HL) Hematopoletic Cell Transplantation for Modelin Lymphoma (HL) Hematopoletic Cell Transplantation for Muscilenaeus Solid Tumors in Aduts Hematopoletic Cell Transplantation for Muscilenaeus Solid Tumors in Aduts Hematopoletic Cell Transplantation for Muscilenaeus Solid Tumors in Aduts Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Nyeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Ployas Static Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Solid Tumors in Child	-	-

			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient	
			SUR703.043	Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)	
			SUR703.047 SUR703.037	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)	
			SUR703.037 SUR703.036	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	
			SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer	
			SUR703.039	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	
38207	Cryopreserve Stem Cells	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias	-
			SUR703.040 SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	
			SUR703.035	Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	
			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis	
			SUR703.044	Hematopoietic Cell Transplantation for Solid Tumors in Children	
			SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia	
				Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient	
			SUR703.002	Information)	
			SUR703.043 SUR703.047	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)	
			SUR703.037	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	
			SUR703.036	Hematopoletic Cell Transplantation for Autoimmune Diseases	
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer	
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	
38208	Thaw Preserved Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	
10200	maw Preserved Stem Cells	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias	-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas	
			SUR703.035 SUR703.032	Hematopoletic Cell Transplantation for Miscellaneous Solid Tumors in Adults	
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome	
			SUR703.046 SUR703.044	Hematopoletic Cell Transplantation for Primary Systemic Amyloidosis	
			SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children	
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	
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			SUR703.002	Information)	
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			SUR703.037	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	
			SUR703.036	Hematopoietic Cell Transplantation for Autoimmune Diseases	
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer	
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	
38209	Wash Harvest Stem Cells	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	
10205	wash hai vest stelli cells	predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-
			SUR703.042	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas	
			SUR703.035	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	
			SUR703.032 SUR703.031	Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)	
			SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome	
			SUR703.046 SUR703.044	Hematopoletic Cell Transplantation for Primary Systemic Amyloidosis	
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children	
			SUR703.045	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	
				Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient	
			SUR703.002 SUR703.043	Information)	
			SUR703.045	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)	
			SUR703.037	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)	
			SUR703.036 SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases	
			SUR703.039	Hematopoletic Cell Transplantation for Breast Cancer	
			SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)	
			SUR703.041 SUR703.034	Hematopoletic Cell Transplantation for Chronic Lymphotytic Leukemia Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia	
	T-Cell Depletion Of Harvest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			
38210		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	_
38210		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias	-
38210	·		SUR703.033 SUR703.040 SUR703.042		-
38210			SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias - Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) - Hematopoietic Cell Transplantation for Malignant Astrocytomas and Giomas - Hematopoietic Cell Transplantation for Malignant Astrocytomas and Giomas - Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults -	-
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			SUR703.002	Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient		
			SUR703.043	Information) Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL)		
			SUR703.047 SUR703.037	Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)		
			SUR703.038	Hematopoietic Cell Transplantation for Autoimmune Diseases Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.039 SUR703.029	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma		
			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
38232	Bone Marrow Harvest Autolog	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
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			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
38240	Transplt Allo Hct/Donor	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
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			SUR703.046	Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
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38241	Transplt Autol Hct/Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
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			SUR703.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
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			SUR703.041	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia		
38242	Transplt Allo Lymphocytes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034 SUR703.033	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
		predetermination to avoid post-service review.	SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)	-	-
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			SUR703.036	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038	Hematopoletic Cell Transplantation for Breast Cancer		
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			SUR703.041	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
38243	Transplj Hematopoietic Boost	predetermination to avoid post-service review.	SUR703.033	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
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			SUR703.044	Hematopoietic Cell Transplantation for Solid Tumors in Children		
38308	Incision Of Lymph Channels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service on Specifically defined or classified, may be subject to	SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	-	-
38308 38589	Incision Of Lymph Channels Laparoscope Proc Lymphatic	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	-	-
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39499	Chest Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
39599	Diaphragm Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_
40799	Lip Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to			
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-
40899	Mouth Surgery Procedure	contract/clinical review.	-	-	-
41530	Tongue Base Vol Reduction	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		-	-
41599	Tool and March Comme	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to			
	Tongue And Mouth Surgery	contract/clinical review		-	-
41820	Excision Gum Each Quadrant	review	-	-	-
41821	Excision Of Gum Flap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41822	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	_
41823	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	_
41828	Excision Of Gum Lesion	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	-	-	-
41830	Removal Of Gum Tissue	review	-	-	-
41870	Gum Graft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –	-	-	-
41872	Repair Gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	_
41899	Dental Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to			
42145	Repair Palate Pharynx/Uvula	contract/clinical review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR706.00	- Sleep Related Breathing Disorders: Surgical Management	-	6/30/2022
		predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	sieep neiateu breatinng bisoruers, suigitai wanagement	-	0/30/2022
42299	Palate/Uvula Surgery	contract/clinical review.	-	-	-
42699	Salivary Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
42999	Throat Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-
43305		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			
43206	Esoph Optical Endomicroscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.0 Policy (CPCP).	8 Confocal Laser Endomicroscopy (CLE)	-	-
43210	Egd Esophagogastrc Fndoplsty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MED201.0	6 Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
42226	Hanne Cil Come Millforder and Ini	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for			
43236	Uppr Gi Scope W/Submuc Inj	predetermination to avoid post-service review. MED201.0	Botulinum Toxin 6 Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	-
43252	Egd Optical Endomicroscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.0	8 Confocal Laser Endomicroscopy (CLE)		
		Policy (CPCP).			-
43253	Egd Us Transmural Injxn/Mark	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MED201.0	6 Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43257	Egd W/Thrml Txmnt Gerd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MED201.0	6 Device Therapies for Gastroesophageal Reflux Disease (GERD)	-	6/30/2022
43284	Laps Esophgl Sphnctr Agmntj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5 Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)	_	_
		MP Criteria: Procedure/service reviewed against Medical Criteria.			
43289	Laparoscope Proc Esoph	Unlisted: Procedure/service not specifically defined or classified, may be subject to MED201.0	6 Device Therapies for Gastroesophageal Reflux Disease (GERD)		6/30/2022
		contract/clinical review.		-	
43499	Esonbagus Surgery Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to MED201.0	6	-	
43499	Esophagus Surgery Procedure	Contract/Clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/Clinical review. May require PA per contract agreement until 03/31/2022. MED201.0	6	-	-
<mark>43499</mark> 43633	Esophagus Surgery Procedure Removal Of Stomach Partial	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to MED201.0	6 3 -	-	-
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43633 43643 43645 43659 43770 43771 43772 43773 43774 43775 43842 43843 43845 43846 43847 43848 43888 43888 43999 44238 44705 44799 4379 43999	Removal Of Stomach Partial Lap Gastric Bypass/Roux-En-Y Lap Gastric Bypass/Roux-En-Y Lap Gastric Bypass Incl Smil I Lap Revise Gastr Adj Device Gastroplasty -W-Band Gastroplasty Gastroplasty W/O V-Band Gastroplasty Duodenal Switch Gastric Bypass Incl Small I Revise Gastric Port Open Change Gastric Port Open Change Gastric Port Open Stomach Surgery Procedure Laparoscope Proc Intestine Prepare Fecal Microbiota Unlisted Px Small Intestine Laparoscope Proc App Laparoscope Proc App	contract/clinical review. MB2201.0 Unlisted: Procedure/service not specifically defined or classified, may be subject to SUR705.05 SUR705.05 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for SUR716.07 SUR716.07 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.07 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.07 Unlisted: Procedure/service nerviewed against Medical Policy Criteria. Submit for SUR716.07 SUR716.07 Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.07 SUR716.07 Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.07 SUR716.07 Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.07 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.07 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.07 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for supredetermination to avoid post-service re	5 - 5 - 3 Bariatric Surgery 3 Bariatric Surgery </td <td>- - 12/1/2022 - 12/1/2022 - - - - - - - - - - - - -</td> <td>- - - - - - - - - - - - - - - - - - -</td>	- - 12/1/2022 - 12/1/2022 - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
46707	Repair Anorectal Fist W/Plug	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR709.032	Plugs for Fistula Repair	-	-
46999	Anus Surgery Procedure	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-		-	-
47370	Laparo Ablate Liver Tumor Rf	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR709.029	Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
47379	Laparoscope Procedure Liver	contract/clinical review.	-	-	-	-
47380	Open Ablate Liver Tumor Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR709.029	Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	-	-
47382	Percut Ablate Liver Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.038 SUR709.029	Microwave Tumor Ablation Radiofrequency Ablation (RFA) of Primary or Metastatic Liver Tumors	_	-
47399	Liver Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	-	_	_
47579	Laparoscope Proc Biliary	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
47999	Bile Tract Surgery Procedure	contract/clinical review. May require PA per contract agreement until 03/31/2022.	-	-	-	-
48999	Pancreas Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
49329	Laparo Proc Abdm/Per/Oment	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
49659	Laparo Proc Hernia Repair	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
49999		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
	Abdomen Surgery Procedure	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
50250	Cryoablate Renal Mass Open	predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	-	-
50360	Transplantation Of Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.007 SUR703.008	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant	_	_
50540		Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR703.013	Pancreas and Related Organ Tissue Transplantation		
50549	Laparoscope Proc Renal	contract/clinical review.	- SUR701.038	- Microwave Tumor Ablation	-	-
50592	Perc Rf Ablate Renal Tumor	predetermination to avoid post-service review.	SUR701.021	Radiofrequency Ablation (RFA) of Solid Tumors, Excluding Liver	-	-
50593	Perc Cryo Ablate Renal Tum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	-	-
50949	Laparoscope Proc Ureter	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
51715	Endoscopic Injection/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	_	-
51999	Laparoscope Proc Bla	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			_	
52327		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR710.022	-	-	-
	Cystoscopy Inject Material	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	-	-
52441	Cystourethro W/Implant	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR710.023	Prostatic Urethral Lift	-	-
52442	Cystourethro W/Addl Implant	predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	-
53855	Insert Prost Urethral Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.025	Temporary Prostatic Stent	-	-
53860	Transurethral Rf Treatment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.021	Radiofrequency Energy Therapy for Stress Urinary Incontinence (SUI)		
		Policy (CPCP).			-	-
53899	Urology Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
54125	Removal Of Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
54200	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.073 MED201.030	Clostridial Collagenase for Fibroproliferative Disorders Sexual Dysfunctions, Assessment and Treatment	-	_
54205	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.073 MED201.030	Clostridial Collagenase for Fibroproliferative Disorders Sexual Dysfunctions, Assessment and Treatment	_	_
54235	Penile Injection	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders		
54400		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.030 SUR717.001	Sexual Dysfunctions, Assessment and Treatment Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
	Insert Semi-Rigid Prosthesis	predetermination to avoid post-service review.	MED201.030 SUR717.001	Sexual Dysfunctions, Assessment and Treatment Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
54401	Insert Self-Contd Prosthesis	predetermination to avoid post-service review.	MED201.030	Sexual Dysfunctions, Assessment and Treatment	-	-
54405	Insert Multi-Comp Penis Pros	predetermination to avoid post-service review.	MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	-	-
54660	Revision Of Testis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	-	-
54699	Laparoscope Proc Testis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
55559	Laparo Proc Spermatic Cord	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
55706	Prostate Saturation Sampling	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR717.015	-	-	6/30/2022
55706	Prostate Saturation Sampling	predetermination to avoid post-service review.	30K717.013	Saturation biopsy for Diagnosis, staging and management of Prostate Cancer, including Comprehensive SD mapping with biopsy		
55880	Abltj Mal Prst8 Tiss Hifu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-,,
55899		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer	- 2/1/2021	-
	Genital Surgery Procedure	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR717.014 SUR717.014 SUR701.031	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Intersitial Tumor Therapy (LITT)	- 2/1/2021	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022.	SUR717.014 SUR701.031 SUR710.019	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy	- 2/1/2021 -	-
55970	Sex Transformation M To F	predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR710.019 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	- 2/1/2021 - -	-
55970 55980		predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR710.019	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy	- 2/1/2021 - - -	- - - -
	Sex Transformation M To F	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR710.019 SUR717.001 SUR717.001 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Intensitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	- 2/1/2021 - - - -	- - - - -
55980	Sex Transformation M To F Sex Transformation F To M	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed.	SUR717.014 SUR701.031 SUR710.019 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	- 2/1/2021 - - - - -	- - - - - -
55980 56805	Sex Transformation M To F Sex Transformation F To M Repair Clitoris	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR710.019 SUR717.001 SUR717.001 SUR717.001 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Intensitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	- 2/1/2021 - - - - - -	- - - - - - -
55980 56805 56810	Sex Transformation M To F Sex Transformation F To M Repair Ciltoris Repair Of Perineum	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR710.019 SUR717.001 SUR717.001 SUR717.001 SUR717.001 SUR717.001 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graff With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	- 2/1/2021 - - - - - - -	- - - - - - - - -
55980 56805 56810 57291 57292	Sex Transformation M To F Sex Transformation F To M Repair Clitoris Repair Of Perineum Construction Of Vagina Construct Vagina With Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR717.014 SUR701.031 SUR717.001	High-Intensity Focused Ultrasound (HIFU) for Treatment of Cancer Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Nerve Graft With Radical Prostatectomy Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	- 2/1/2021 - - - - - - - - - - -	- - - - - - - -
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60699	ENDOCRINE SURGERY PROCEDURE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.031	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT)	10/1/2022	
60699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	-	-
61630	Intracranial Angioplasty	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED202.064 SUR701.027	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61635	Intracran Angioplsty W/Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.064 SUR701.027	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis Intracranial Stenting or Angioplasty, including Endovascular Procedures	_	_
61645	Perg Art M-Thrombect &/Nfs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures		6/30/2022
61650	Evasc Pring Admn Rx Agnt 1St	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
61651	Evasc Pring Admn Rx Agnt Add	predetermination to avoid post-service review.	SUR701.027	Intracranial Stenting or Angioplasty, including Endovascular Procedures	-	-
61850	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR712.039	Deep Brain Stimulation (DBS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	-	10/1/2022
61863	Implant Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.009 SUR712.025 SUR712.039	Auditory Brainstem Implant Deep Brain Stimulation (DBS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	-	10/1/2022
61864	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.009 SUR712.025 SUR712.039	Auditory Brainstem Implant Deep Brain Stimulation (DBS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	-	10/1/2022
62263	Epidural Lysis Mult Sessions	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR712.024	Lysis of Epidural Adhesions	2022-08-01	-
62263	Epidural Lysis Mult Sessions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
62264	Epidural Lysis On Single Day	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR712.024	Lysis of Epidural Adhesions	2022-08-01	-
62264	Epidural Lysis On Single Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.024	Lysis of Epidural Adhesions	2022-05-01	2022-07-31
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
62287	Percutaneous Diskectomy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR712.004SUR712	Automated Percutaneous Discectomy and Percutaneous Endoscopic Discectomy c Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	1/1/2023	-
62287	Percutaneous Diskectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		Automated Percutaneous Discectomy and Percutaneous Endoscopic Discectomy (Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	10/1/2022	12/31/2022
64561	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	² SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	10/1/2022
64581	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	308/10.018	Sacral Nerve Neuromodulation/Stimulation	-	10/1/2022
64582	Opn Mpltj Hpglsl Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR706.009	Sleep Related Breathing Disorders: Surgical Management	2022-05-01	-
64628	Trml Dstrj Ios Bvn 1St 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	-
64628	Trml Dstrj Ios Bvn 1St 2 L/S	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
64629	Trml Dstrj los Bvn Ea Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-08-01	-
64629	Trml Dstrj Ios Bvn Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR702.020	Intraosseous Radiofrequency Nerve Ablation of the Basivertebral Nerve for the Treatment of Low Back Pain	2022-05-01	2022-07-31
64640	Injection Treatment Of Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.040	Ablation of Peripheral Nerves to Treat Pain	5/15/2021	
64999	Nervous System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	SUR703.003 SUR702.017 SUR712.024 SUR710.031 MED205.037 SUR710.019 SUR712.033 MED205.032 MED205.036 MED205.039	Brain Tissue Transplantation and Neurotransplantation Facet Joint and Sacroliale Join Denervation Lysis of Epidural Adhesions Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Navigated Transcrania Magnetic Stimulation (nTMS) Nerve Graft With Radical Prostatectomy Occipital Nerve Stimulation Prostatectomy Percutaneous Electrical Nerve Stimulation (PINS) Percutaneous Tabla Nerve Stimulation (PTNS) Percutaneous Tabla Nerve Stimulation (PINS) Percipheral Nerve Stimulation (PINS) And Percipheral Nerve Field Stimulation (PNFS) Sphenoplatine Ganglion Block For Headaches or Facial Pain	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	MED201.039	Tumor Treating Fields (TTE) Therany		
65760	Revision Of Cornea	review.	-	-	-	-
65770	Revise Cornea With Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.030	Keratoprosthesis	-	-
65785	Impltj Ntrstrml Crnl Rng Seg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.031	Implantation of Intrastromal Corneal Ring Segments		
66174	Translum Dil Eye Canal				-	-
66175		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.032	Viscocanalostomy and Canaloplasty	-	-
L	Trnslum Dil Eye Canal W/Stnt	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR713.032 SUR713.032	Viscocanalostomy and Canaloplasty Viscocanalostomy and Canaloplasty	-	
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	Aqueous Shunt Eye W/O Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.032 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma	- - - 5/1/2021	-
66180	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe.	SUR713.032 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	- - - 5/1/2021	- - - -
66180 66183	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft Insert Ant Drainage Device	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service reviewed Against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe.	SUR713.032 SUR713.034 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	-	- - - - -
66180	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.032 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	- - - 5/1/2021 - 2022-03-15	- - - - -
66180 66183	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft Insert Ant Drainage Device	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed.	SUR713.032 SUR713.034 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	-	- - - - - -
66180 66183 66989	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft Insert Ant Drainage Device Xepsl Ctrc Rmvl Cpk Insj 1+	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service service review. MP Criteria: Procedure/service service review. MP Criteria: Procedure/service service review. MP Criteria: Procedure/service service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.032 SUR713.034 SUR713.034 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	- 2022-03-15	- - - - - - -
66180 66183 66989 66991	Aqueous Shunt Eye W/O Graft Aqueous Shunt Eye W/Graft Insert Ant Drainage Device Xcpsl Ctrc Rmvl Cplx Insj 1+ Xcapsl Ctrc Rmvl Insj 1+	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.032 SUR713.034 SUR713.034 SUR713.034 SUR713.034	Viscocanalostomy and Canaloplasty Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma Aqueous Shunts and Stents for Glaucoma	- 2022-03-15	-
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68899	Tear Duct System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69090	Pierce Earlobes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.001	Cosmetic and Reconstructive Procedures	-	-
69300	Revise External Ear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR716.001	Cosmetic and Reconstructive Procedures	-	-
69399	Outer Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69705	Nps Surg Dilat Eust Tube Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR706.018	Balloon Dilation of the Eustachian Tube	1/15/2021	_
69706	Nps Surg Dilat Eust Tube Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	Balloon Dilation of the Eustachian Tube	1/15/2021	_
69714	Implant Temple Bone W/Stimul	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	_	_
69715	Temple Bne Implnt W/Stimulat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.003 Prior Authorization per contract agreement.	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	_	12/31/2021
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.003 Prior Authorization per contract agreement.	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	_	_
69718	Revise Temple Bone Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids		12/31/2021
69799	Middle Ear Surgery Procedure	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	Cochlear Implant	-	-
69949	Inner Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to			
69979	Temporal Bone Surgery	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
76496		contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-
	Fluoroscopic Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
76497	Ct Procedure	contract/clinical review Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
76498	Mri Procedure	contract/clinical review.	-	-	-
76499	Radiographic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
76999	Echo Examination Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77299	Radiation Therapy Planning	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77399	External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
77499	Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
77799	Radium/Radioisotope Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to			
78099	Endocrine Nuclear Procedure	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to			
		contract/clinical review	-	-	-
78199	Blood/Lymph Nuclear Exam	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-
78299	Gi Nuclear Procedure	contract/clinical review.	-	-	-
78399	Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78499	Cardiovascular Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78599	Respiratory Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78699	Nervous System Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
78799	Genitourinary Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_
78999	Nuclear Diagnostic Exam	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to			
79999	Nuclear Medicine Therapy	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-
80299		contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-
	Quantitative Assay Drug	contract/clinical review	-	-	-
81099	Urinalysis Test Procedure	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require AIM	-	-	-
81422	Fetal Chrmoml Microdeltj	Prior Authorization per contract agreement.	AIM Guidelines	Moved to PA lis	t 10/1/2019
81479	Unlisted Molecular Pathology	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement. MED208.089	-	-	-
81599	Unlisted Maaa	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
82523	Collagen Crosslinks	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.116 Policy (CPCP).	Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	-	-
83006	Growth Stimulation Gene 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MED207.158	Molecular Testing For Chronic Heart Failure and Heart Transplant	_	_
83695	Assay Of Lipoprotein(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	-
83698	Assay Lipoprotein Pla2	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.134	Measurement of Phospholipase A2 in the Assessment of Cardiovascular Risk	_	_
83701	Lipoprotein Bld Hr Fraction	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.008	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	_	_
83704	Lipoprotein Bld Quan Part	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding MED207.008	- Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		-	-
83722	Lipoprtn Dir Meas Sd Ldl Chl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.008 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	-
83937	Assay Of Osteocalcin	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.116 Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	-	-
83987	Exhaled Breath Condensate	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.024 Policy (CPCP).	Measurement of Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	-	-
84112	Eval Amniotic Fluid Protein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OB401.018 Policy (CPCP).	Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy	-	-
84431	Thromboxane Urine	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.148 Policy (CPCP).	Measurement of Thromboxane Metabolites in Urine	-	-
84999	Clinical Chemistry Test	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_
85999	Hematology Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			
86001	Allergen Specific Igg	contract/clinical review. – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED206.001	- Allergy Management	_	_
86343	Leukocyte Histamine Release	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED206.001	Allergy Management	_	
		Policy (CPCP).		-	-

		All Colorestes Decoderes from the second				
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.147	Immune Cellular Function Assay to Monitor and Predict Immune Function	-	-
86353	Lymphocyte Transformation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.088	Intracellular Micronutrient Analysis	-	-
86486	Skin Test Nos Antigen	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-	_
86849	Immunology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
86910	Blood Typing Paternity Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
86911	Blood Typing Antigen System	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
00911	Biddu Typing Antigen System	review.	-	 Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient 	-	-
			SUR703.002 SUR703.043	Information)		
			SUR703.047 SUR703.037	Hematopoietic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoietic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS)		
			SUR703.036	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation for Autoimmune Diseases		
			SUR703.038 SUR703.039	Hematopoietic Cell Transplantation for Breast Cancer		
			SUR703.029 SUR703.041	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.034	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer		
86950	Leukacyte Transfusion	predetermination to avoid post-service review.	SUR703.033 SUR703.040	Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	-	-
			SUR703.042 SUR703.035	Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoietic Cell Transplantation for Malignant Astrocytomas and Gliomas		
			SUR703.032	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoietic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN)		
			SUR703.031 SUR703.030	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma (MM) and POEMS Syndrome		
			SUR703.046 SUR703.044	Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis		
			SUR703.050	Hematopoietic Cell Transplantation for Solid Tumors in Children Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia		
		. The Part of the American Section of the	SUR703.045	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors		
86999	Transfusion Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
87505	Nfct Agent Detection Gi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.155	Gastrointestinal Panels	-	-
87506	ladna-Dna/Rna Probe Tq 6-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED207.155	Gastrointestinal Panels	-	-
87507	ladna-Dna/Rna Probe Tq 12-25	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED207.155	Gastrointestinal Panels	_	_
87797	Detect Agent Nos Dna Dir	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			_	-
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
87798	Detect Agent Nos Dna Amp	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
87799	Detect Agent Nos Dna Quant	contract/clinical review.	-	-	-	-
87899	Agent Nos Assay W/Optic	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
87999	Microbiology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
88000	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_	_
88005	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	_	_	_
88007	Autopsy (Necropsy) Gross	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-		_
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
88012	Autopsy (Necropsy) Gross	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
88014	Autopsy (Necropsy) Gross	review.	-	-	-	-
88016	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
88020	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
88025	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	_	_	_
88027	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
88028	Autopsy (Necropsy) Complete	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-		-
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
88029	Autopsy (Necropsy) Complete	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
88036	Limited Autopsy	review.	-	-	-	-
88037	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
88040	Forensic Autopsy (Necropsy)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
88045	Coroners Autopsy (Necropsy)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	_	_	_
88000	Nerrows (Automoti Providence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
88099	Necropsy (Autopsy) Procedure	review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
88199	Cytopathology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
88299	Cytogenetic Study	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
99275	Optical Endomicroscpy Interp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.029	Confect Later Endemisereen (CLE)		
88375	optical Endomicroscpy Interp	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	WED201.038	Confocal Laser Endomicroscopy (CLE)	-	-
88399	Surgical Pathology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
88749	In Vivo Lab Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
89240	Pathology Lab Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	_	_	_
89258	Cryopreservation Embryo(S)	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
		review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
89259	Cryopreservation Sperm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89335	Cryopreserve Testicular Tiss	predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89337	Cryopreservation Oocyte(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89342	Storage/Year Embryo(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
89343	Storage/Year Sperm/Semen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OB402.023	Services for Infertility and Recurrent Fetal Loss	_	_
89344	Storage/Year Reprod Tissue	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OB402.023	Services for Infertility and Recurrent Fetal Loss		
89346		predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			-	-
	Storage/Year Oocyte(S)	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
89398	Unlisted Reprod Med Lab Proc	contract/clinical review.	- PSV201-014	- Autiem Seartrum Disorders (ASD)	-	-
90283	Human Ig Iv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	11/30/2022
90284	Human Ig Sc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	11/30/2022

90378	Rsv Mab Im 50Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	-	-
90399	Immune Globulin	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	7/1/2022	_
90689	Vacc liv4 No Prsrv 0.25Ml Im	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	!			
90749	Vaccine Toxoid	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
90867	Tcranial Magn Stim Tx Plan	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- PSY301.015	- Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	-
90868	Tcranial Magn Stim Tx Deli	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	
90869	Tcran Magn Stim Redetemine	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.015	Transcranial Magnetic Stimulation as a Treatment for Psychiatric/Neurologic Disorders	-	
90870	Electroconvulsive Therapy	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.013	Electroconvulsive Therapy	-	
		predetermination to avoid post-service review.	PSY301.018	Biofeedback as a Treatment of Chronic Pain	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.017 PSY301.019	Biofeedback as a Treatment of Fecal Incontinence or Constipation Biofeedback as a Treatment of Headache		
90875	Psychophysiological Therapy	predetermination to avoid post-service review.	PSY301.016 PSY301.007	Biofeedback as a Treatment of Urinary Incontinence Biofeedback for Miscellaneous Indications	-	-
			PSY301.011 MED205.022	Neurofeedback Treatment of Tinnitus		
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90876	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.019 PSY301.016	Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence	_	_
		predetermination to avoid post scribe revent.	PSY301.007 PSY301.011	Biofeedback for Miscellaneous Indications Neurofeedback		
90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.022 MED201.001	Treatment of Tinnitus Hypnosis		6/30/2022
		predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			-	-,,
90880	Hypnotherapy	review. Unlisted: Procedure/service not specifically defined or classified	-	-	7/1/2022	-
90885	Psy Evaluation Of Records	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
90889	Preparation Of Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
90899	Psychiatric Service/Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
			PSY301.018 PSY301.017	Biofeedback as a Treatment of Chronic Pain Biofeedback as a Treatment of Fecal Incontinence or Constipation		
90901	Biofeedback Train Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.019 PSY301.016	Biofeedback as a Treatment of Headache Biofeedback as a Treatment of Urinary Incontinence	_	_
		predetermination to avoid post scribe revent.	PSY301.007 PSY301.011	Biofeedback for Miscellaneous Indications Neurofeedback		
90912	Bfb Training 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.022 PSY301.017	Treatment of Tinnitus Biofeedback as a Treatment of Fecal Incontinence or Constipation	4/1/2021	
90913	Bfb Training Ea Addl 15 Min	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.016 PSY301.017	Biofeedback as a Treatment of Urinary Incontinence Biofeedback as a Treatment of Fecal Incontinence or Constipation	4/1/2021	
90999	Dialysis Procedure	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	PSY301.016	Biofeedback as a Treatment of Urinary Incontinence	4/1/2021	-
91034	Gastroesophageal Reflux Test	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- MED201.005	- Esophageal pH Monitoring	-	-
91035	G-Esoph Reflx Tst W/Electrod	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.005	Esophageal pH Monitoring	-	-
91037	Esoph Imped Function Test	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.005	Esophageal pH Monitoring	-	
91038	Esoph Imped Funct Test > 1Hr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.005	Esophageal pH Monitoring	_	
91065	Breath Hydrogen/Methane Test	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED207.161	Hydrogen or Methane Breath Testing		
91110	Gi Tract Capsule Endoscopy	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon	-	-
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	KAD601.042	Wireless Capsule chuoscopy to Diagnose Disorders of The Small Bower, csophagos, and Colon	-	-
91111	Esophageal Capsule Endoscopy	Policy (CPCP).	RAD601.042	Wireless Capsule Endoscopy (WCE) To Diagnose Disorders of The Small Bowel, Esophagus, And Colon	-	-
91112	Gi Wireless Capsule Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.017	Gastrointestinal (GI) Motility Measurement	-	-
91113	GI TRC IMG INTRAL COLON I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon	1/1/2023	_
91113	GI TRC IMG INTRAL COLON I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon	11/1/2022	12/31/2022
91117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.017	Gastrointestinal (Gi) Motility Measurement	-	-
91132	Electrogastrography	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.017	Gastrointestinal (GI) Motility Measurement	-	-
91133	Electrogastrography W/Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.017	Gastrointestinal (GI) Motility Measurement	-	-
91299	Gastroenterology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
92015	Determine Refractive State	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-	-
92065	Orthoptic/Pleoptic Training	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
92132	Cmptr Ophth Dx Img Ant Segmt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.021	Optical Coherence Tomography of the Anterior Eye Segment	-	-
92145	Corneal Hysteresis Deter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OTH903.031	Corneal Hysteresis	-	-
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-	-
92341	Fit Spectacles Bifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-	-
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_	_
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
92370	Repair & Adjust Spectacles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
92499	Eye Service Or Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
92512	Nasal Function Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED204.004	Rhinomanometry, Acoustic Rhinometry, Optical Rhinometry and Acoustic Pharyngometry	-	-
92517	Vemp Test I&R Cervical	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.047	Vestibular Function Testing	5/15/2021	-
		, only (cf cf).				

92517	Vemp Test I&R Cervical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92518	Vemp Test I&R Ocular	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.047	Vestibular Function Testing	5/15/2021	_
92518	Vemp Test I&R Ocular	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92519	Vemp Tst I&R Cervical&Ocular	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.047	Vestibular Function Testing	5/15/2021	_
92519	Vemp Tst I&R Cervical&Ocular	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testing	2/15/2021	5/14/2021
92546	Sinusoidal Rotational Test	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.047	Vestibular Function Testing	_	_
92548	Cdp-Sot 6 Cond W/I&R	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Dynamic Posturography	_	_
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.026	Dynamic Posturography	_	_
92640	Aud Brainstem Implt Programg	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR714.009	Auditory Brainstem Implant		
92700	Ent Procedure/Service	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	_	-	-	-
93050	Art Pressure Waveform Analys	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED202.070	Non-Invasive Measurement of Central Blood Pressure (cBP)	_	_
93228	Remote 30 Day Ecg Rev/Report	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and	_	_
93229	Remote 30 Day Ecg Tech Supp	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.003	Intracardiac Ischemia Detection Systems) Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and	_	
93660	Tilt Table Evaluation	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.048	Intracardiac Ischemia Detection Systems) Tilt Table Testing		
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
93702	Bis Xtracell Fluid Analysis	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.036	Bioimpedance Devices for Detection and Management of Lymphedema	-	-
93740	Temperature Gradient Studies	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.014	Thermography	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.023	Cardiac Rehabilitation (CR)	-	-
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE803.023	Cardiac Rehabilitation (CR)	-	-
93799	Cardiovascular Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
93998	Noninvas Vasc Dx Study Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
94014	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.040	Home Spikometry	-	-
94015	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.040	Home Spirometry	-	-
94016	Review Patient Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.040	Home Spirometry	-	-
94452	Hast W/Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
94453	Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
94799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
95060	Eye Allergy Tests	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED206.001 PSY301.014	Allergy Management Autism Spectrum Disorders (ASD)	-	-
95065	Nose Allergy Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED206.001 PSY301.014	Allergy Management Autism Spectrum Disorders (ASD)	_	-
95199	Allergy Immunology Services	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
95700	Eeg Cont Rec W/Vid Eeg Tech	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	- Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram		-
95705	Eeg W/O Vid 2-12 Hr Unmntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	_
95707	Eeg W/O Vid 2-12Hr Cont Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95709	Eeg W/O Vid Ea 12-26Hr Intmt	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95710	Eeg W/O Vid Ea 12-26Hr Cont	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, including Digital Analysis of Electroencephalogram	-	
95710	Veeg 2-12 Hr Unmonitored	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Amoulatory or Video Electroencephalogram (EEG) Monitoring, including Digital Analysis or Electroencephalogram Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	_
95711		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008		-	-
95712	Veeg 2-12 Hr Intmt Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
	Veeg 2-12 Hr Cont Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95714	Veeg Ea 12-26 Hr Unmntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	
95715	Veeg Ea 12-26Hr Intmt Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95716	Veeg Ea 12-26Hr Cont Mntr	predetermination to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria: submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	medication of the second secon	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	_
95719	Eeg Phys/Qhp Ea Incr W/O Vid	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95720	Eeg Phy/Qhp Ea Incr W/Veeg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	medical Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95726	Eeg Phy/Qhp>84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95803	Actigraphy Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.048	Actigraphy	-	-
95905	Motor &/ Sens Nrve Cndj Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.033	Automated Point-of-Care Nerve Conduction Testing	-	-

95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	-	-
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.008 MED205.040	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram Quantitative Electroencephalography (QEEG) as a Diagnostic Aid for Attention-Deficit Hyperactivity Disorder (ADHD)	-	-
95961	Electrode Stimulation Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED205.011 MED205.009	Intraoperative Neurophysiologic Monitoring (IONM) Topographic Brain Mapping (Quantitative Electroencephalography)	-	6/30/2022
95962	Electrode Stim Brain Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.011	Intraoperative Neurophysiologic Monitoring (IONM)		6/30/2022
95965	Meg Spontaneous	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.009 PSY301.014	Topographic Brain Mapping (Quantitative Electroencephalography) Autism Spectrum Disorders (ASD)	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RAD601.038 PSY301.014	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) Autism Spectrum Disorders (ASD)	-	-
95966	Meg Evoked Single	predetermination to avoid post-service review.	RAD601.038	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)	-	-
95967	Meg Evoked Each Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014 RAD601.038	Autism Spectrum Disorders (ASD) Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)	-	-
95999	Neurological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
96000	Motion Analysis Video/3D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.009	Gait Analysis	_	_
96001	Motion Test W/Ft Press Meas	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.009	Gait Analysis		
96002	Dynamic Surface Emg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.009	Gait Analysis		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.006	Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy	-	-
96003	Dynamic Fine Wire Emg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.009 THE803.009	Gait Analysis Gait Analysis	-	-
96004	Phys Review Of Motion Tests	predetermination to avoid post-service review.	MED205.006	Gait Analysis Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy	-	-
96379	Ther/Prop/Diag Inj/Inf Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
96549	Chemotherapy Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_	_
96912	Photochemotherapy With Uv-A	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions		
96913		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033		-	-
	Photochemotherapy Uv-A Or B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.035	Phototherapy for Dermatologic Conditions Acne Management	-	-
96922	Laser Tx Skin >500 Sq Cm	predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	-
96931	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	-	-
96932	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	-	-
96933	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	_	_
96934	Rcm Celuir Subceluir Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	
96935	Rcm Celulr Subcelulr Img Skn	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy		-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
96936	Rcm Celuir Subceluir Img Skn	predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	-	-
96999	Dermatological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
97024	Diathermy Eg Microwave	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	THE803.008 THE803.010 SUR705.010	Non-Covered Physical Therapy Services Physical Therapy (PT) and Occupational Therapy (OT) Services Temporomanibular Joint (TMI) Disorders (TMJD)	-	6/30/2021
97039	Physical Therapy Treatment	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		_	_
97139	Physical Medicine Procedure	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
97169	Athletic Trn Eval Low Cmplx	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e e		-	-
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	- P	-	-	-
97170	Athletic Trn Eval Mod Cmplx	review.	-	-	-	-
97171	Athletic Trn Eval High Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	-	-	-	-
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	-	-
97533	Sensory Integration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014 THE803.020	Autism Spectrum Disorders (ASD) Sensory Integration Therapy and Auditory Integration Therapy	_	_
97537	Community/Work Reintegration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.010	Physical Therapy (PT) and Occupational Therapy (OT) Services		
97610	Low Frequency Non-Thermal Us	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.044	Ultrasound Wound Therapy	_	_
		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
97799	Physical Medicine Procedure	contract/clinical review.	-	-	-	-
99024	Postop Follow-Up Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	-	-
99026	In-Hospital On Call Service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	-	_
99027	Out-Of-Hosp On Call Service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e	_	_	_
99050	Medical Services After Hrs	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-		-	-
99056	Med Service Out Of Office	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
99058	Office Emergency Care	contract/clinical review.	-	-	-	-
99070	Special Supplies Phys/Qhp	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
99071	Patient Education Materials	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	_	-
99075	Modical Tastimony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e			
99075	Medical Testimony	review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
99078	Group Health Education	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	_	-
99080	Spacial Paparte Or Forme	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic region	e			
55000	Special Reports Or Forms	review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
99082	Unusual Physician Travel	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
99183	Hyperbaric Oxygen Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may requir Prior Authorization per contract agreement.	e PSY301.014 THE801.003	Autism Spectrum Disorders (ASD) Hyperbaric Oxygen (HBO2) Therapy	-	-
99199	Special Service/Proc/Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
99360		contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e e	-	-	-
	Physician Standby Services	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
99429	Unlisted Preventive Service	contract/clinical review.	-	-	-	-
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	1/1/2021	-
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic review.	e _	-	1/1/2021	_
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e		1/1/2021	
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e		1/1/2021	-
		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	-	-	1/1/2021	-
99450	Basic Life Disability Exam	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	-	-	-	-
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	review.	-	-	1/1/2021	-

99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	1/1/2021	-
99453	Rem Mntr Physiol Param Setup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –	-	-
99454	Rem Mntr Physiol Param Dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –	_	-
99455	Work Related Disability Exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
99456	Disability Examination	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-
99457	Rem Physiol Mntr 1St 20 Min	review	-	-
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
99491	Chrnc Care Mgmt Svc 30 Min	review. – – – Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-
99499	Unlisted E&M Service	contract/clinical review.	-	-
99600	Home Visit Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – –	-	-
0052U	Lpoprtn Bld W/5 Maj Classes	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.008 Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	-	_
		Policy (PCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		
0054T	Bone Srgry Cmptr Fluor Image	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.023 Computer-Assisted Navigation for Orthopedic Procedures Policy (CPCP).	-	-
0055T	Bone Srgry Cmptr Ct/Mri Imag	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.023 Computer-Assisted Navigation for Orthopedic Procedures		
	Sole Sign cliptic children	Policy (CPCP).	-	-
0062U	Ai Sle Igg&Igm Alys 80 Bmrk	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED207.159 Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		
0063U	Neuro Autism 32 Amines Alg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PSY301.014 Autism Spectrum Disorders (ASD) Policy (CPCP).	-	-
0066U	Pamg-1 la Cervico-Vag Fluid	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding 0B401.018 Tests for Amniotic Protein to Detect Rupture of Membranes (ROM) in Pregnancy		
		Policy (PCP).	_	-
0075T	Perq Stent/Chest Vert Art	predetermination to avoid post-service review.	-	-
0076T	S&I Stent/Chest Vert Art	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR701.041 Endovascular Therapies for Extracranial Vertebral Artery Disease	-	-
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	-
0086U	Nfct Ds Bact&Fng Org Id 6+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0087U	Crd Hrt Trnspl Mrna 1283 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	_	_
0088U	Trnsplj Kdn Algrft Rej 1494	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
0089U	Onc Minma Prame & Linc00518	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_
		review. – – – – – – – – – – – – – – – – – – –	_	-
0090U	Onc Cutan Minma Mrna 23 Gene	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0091U	Onc Circt Scr Whi Bid Alg	review.	-	-
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –	-	-
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0094U	Genome Rapid Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0095U	Inflm Ee Elisa Alys Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	_	_
0096U	Hpv Hi Risk Types Male Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
0097U	Gi Pathogen 22 Targets	review. – – – – – – – – – – – – – – – – – – –		3/31/2022
0098U	Respir Pathogen 14 Targets	Procedure/service reviewed against Medical Policy Criteria. – – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	3/31/2021
		review. – – – – – – – – – – – – – – – – – – –	-	
0099U	Respir Pathogen 20 Targets	review. – – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	3/31/2021
0100T	Prosth Retina Receive&Gen	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding SUR713.026 Retinal Prosthesis	-	-
0100U	Respir Pathogen 20 Targets	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	3/31/2021
		review. – – – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		
0101T	Extracorp Shockwv Tx Hi Enrg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
		Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0101U	Hered Colon Ca Do 15 Genes	review. – – – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-
0102T	Extracorp Shockwv Tx Anesth	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR705.018 Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries	-	-
0102U	Hered Brst Ca Ritd Do 17 Gen	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0103U	Hered Ova Ca Pnl 24 Genes	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	-	-
0105U	Neph Ckd Mult Eclia Tum Nec	review. – – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-
0106T	Touch Quant Sensory Test	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing	-	-
	6-1- F	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		
0106U	Gstr Emptg 7 Timed Brth Spec	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.017 Gastrointestinal (GI) Motility Measurement Policy (CPCP).	-	-
0107T	Vibrate Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing	_	_
0407		Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0107U	C Diff Tox Ag Detcj la Stool	Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-
0108T	Cool Quant Sensory Test	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing	_	-
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
		review. – – – – – – – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-
0109T	Heat Quant Sensory Test	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing Policy (CPCP).	-	-
0109U	Id Aspergillus Dna 4 Species	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
		review. – – – – – EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-Service EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-Service		
0110T	Nos Quant Sensory Test	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED205.030 Quantitative Sensory Testing Policy (CPCP).	-	-
0110T 0110U	Nos Quant Sensory Test Rx Mntr 1+Oral Onc Rx&Sbsts		-	-
		Policy (CPCP). 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	-	-
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	Policy (pccP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		-

0113U	Onc Prst8 Pca3&Tmprss2-Erg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
0114U	Gi Barretts Esoph Vim&Ccna1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0115U	Respir ladna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	_	_
0116U	Rx Mntr Nzm Ia 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0118U	Trnsplj Don-Drv Cll-Fr Dna	review. – – – – – – – – – – – – – – – – – – –	-	-
		review. – – – – – – – – – – – – – – – – – – –	-	-
0119U	Crd Ceramides Liq Chrom Plsm	review. 7	-	-
0120U	Onc B Cll Lymphm Mrna 58 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0122U	Sc Dis P-Selectin Whl Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0123U	Mchnl Fragility Rbc Prflg	Non Covered: Procedure/service not covered by the Plan. Not 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		_
0130U	Hered Colon Ca Do Mrna Pnl	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	-	-
0131U	Hered Brst Ca Ritd Do Pnl 13	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0132U	Hered Ova Ca Rltd Do Pnl 17	review	-	-
0133U	Hered Prst8 Ca Ritd Do 11	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0134U	Hered Pan Ca Mrna Pnl 18 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
0136U	Atm Mrna Seq Alys	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0137U	Palb2 Mrna Seg Alys	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	-	-
0138U	Brca1 Brca2 Mrna Seq Alys	review. – – – – – – – – – – – – – – – – – – –	-	-
0139U	Neuro Austm Meas 6 C Metablt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding PSY301.014 Autism Spectrum Disorders (ASD)	-	9/30/2021
0140U	Nfct Ds Fungi Dna 15 Trgt	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
0141U	Nfct Ds Bact&Fng Gram Pos	review. – – – – – – – – – – – – – – – – – – –	-	-
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0142U	Nfct Ds Bact&Fng Gram Neg	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
0143U	Drug Assay 120+ Rx/Metablt	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	-	-
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	_	_
0148U 0149U	Drug Assay 100+ Rx/Metablt Drug Assay 60+ Rx/Metablt	review	-	-
		review. – – – – – – – – – – – – – – – – – – –	-	-
0149U 0150U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt	review.		- - - 3/31/2022
0149U 0150U 0151U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33	review. – – – – – – – – – – – – – – – – – – –	-	- - - 3/31/2022
0149U 0150U 0151U 0152U	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq	review.		- - - 3/31/2022 -
0149U 0150U 0151U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33	review.	- - - - -	- - 3/31/2022 - -
0149U 0150U 0151U 0152U	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service 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.	- - - - - -	- - 3/31/2022 - - -
0149U 0150U 0151U 0152U 0153U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq Onc Breast Mrna 101 Genes	review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - -	- - - - - - -	- - 3/31/2022 - - - -
0149U 0150U 0151U 0152U 0153U 0154U	Drug Assay 60+ Rx/Metabilt Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngrrj Seq Onc Breast Mrna 101 Genes Onc Urthi Ca Rna Fgfr3 Gene	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan	- - - - - - - -	- - - 3/31/2022 - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq Onc Breast Mrna 101 Genes Onc Urthi Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan	- - - - - - - - - - - -	- - - 3/31/2022 - - - - - -
0149U 0150U 0151U 0152U 0152U 0153U 0154U 0155U 0156U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq Onc Breast Mrna 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service 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.	- - - - - - - - - - - -	- - 3/31/2022 - - - - - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U 0155U 0156U 0157U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq Onc Breast Mrma 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service 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.	- - - - - - - - - - - - - -	- - 3/31/2022 - - - - - - - - - - - - - -
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0149U 0150U 0151U 0152U 0153U 0154U 0155U 0155U 0156U 0157U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnrj Seq Onc Breast Mrma 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys	review. Image: Construct Service and converded by the Plan. Not subject to pre-service review. Image: Construct Service and converded by the Plan. Not subject to pre-service review. Non Covered: Procedure/service and covered by the Plan. Not subject to pre-service review. Image: Construct Service and Covered by the Plan. Not subject to pre-service review. Image: Construct Service and Covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service and covered by the Plan. Not subject to pre-service review. Image: Covered Service and Covered by the Plan. Not subject to pre-service review. Image: Covered Service and Covered Service and Covered Service Service Service Service Service Service Service Service Covered by the Plan. Not subject to pre-service review. Image: Covered: Service and Covered Service Servic	- - - - - - - - - - - - - - - -	- - 3/31/2022 - - - - - - - - - - - - - - - - - -
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0149U 0150U 0151U 0152U 0152U 0154U 0155U 0155U 0156U 0159U 0159U 0150U 0160U	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngrif Seq Onc Breast Mrna 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih1 Mrna Seq Alys Mih5 Mrna Seq Alys Pms2 Mrna Seq Alys	review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - - 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. -	- - - - - - - - - - - - - - - - - - -	- - 3/31/2022 - - - - - - - - - - - - - - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U 0156U 0157U 0158U 0159U 0160U 0161U 0162U	Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngm/ Seq Onc Breast Mrna 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih6 Mrna Seq Alys Msh6 Mrna Seq Alys Pms2 Mrna Seq Alys Hered Colon Ca Trgt Mrna Pnl Insert Ant Segment Drain Int	review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - - Non Covered: Procedure/service 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.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U 0155U 0156U 0157U 0158U 0157U 0159U 0159U 0159U 0160U 0161U 0162U	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngrrij Seq Onc Breast Mrna 101 Genes Onc Urthi Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih1 Mrna Seq Alys Mish6 Mrna Seq Alys Pms2 Mrna Seq Alys Hered Colon Ca Trgt Mrna Pnl	review. C C Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - - Non Covered: Procedur/service not covered by the Plan. Not subject to pre-service review. - -	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
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0149U 0150U 0151U 0151U 0152U 0153U 0154U 0155U 0156U 0157U 0156U 0157U 0156U 0157U 0158U 0159U 0160U 0161U 0162U 0198T	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnf Seq Onc Breast Mrna 101 Genes Onc Urthl Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih1 Mrna Seq Alys Mish5 Mrna Seq Alys Pms2 Mrna Seq Alys Hered Colon Ca Trgt Mrna Pnl Insert Ant Segment Drain Int Ocular Blood Flow Measure	review P Ron Covered: Procedure/service note overed by the Plan. Not subject to pre-service - review. - Ron Covered: Procedure/service not covered by the Plan. Not subject to pre-service - review. - <	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U 0155U 0156U 0157U 0156U 0157U 0158U 0159U 0160U 0161U 0191T 0198T 0202T	Drug Assay 60+ Rx/Metablt Drug Assay 60+ Rx/Metablt Drug Assay 120+ Rx/Metablt Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngm/ Seq Onc Breast Mrna 101 Genes Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih6 Mrna Seq Alys Mish6 Mrna Seq Alys Pms2 Mrna Seq Alys Hered Colon Ca Trgt Mrna Pnl Insert Ant Segment Drain Int Ocular Blood Flow Measure Post Vert Arthrplst 1 Lumbar Clear Eyelid Gland W/Heat	review. - review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
0149U 0150U 0151U 0152U 0153U 0154U 0155U 0156U 0157U 0159U 0160U 0191T 0192T 0202T	Drug Assay 60+ Rx/Metabit Drug Assay 120+ Rx/Metabit Nfct Bct/Vir Resp Nfctj 33 Nfct Ds Dna Untrgt Ngnij Seq Onc Breast Mrna 101 Genes Onc Urthi Ca Rna Fgfr3 Gene Onc Brst Ca Dna Pik3Ca Gene Copy Number Sequence Alys Apc Mrna Seq Alys Mih1 Mrna Seq Alys Mih1 Mrna Seq Alys Mih2 Mrna Seq Alys Pms2 Mrna Seq Alys Hered Colon Ca Trgt Mrna Pnl Insert Ant Segment Drain Int Ocular Blood Flow Measure Post Vert Arthrpist 1 Lumbar	review. - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - review. - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Procedur/share in a covered by the Plan. Not subject to pre-service - - Non-Correct? Proce	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - -
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0263T	Im B1 Mrw Cel Ther Cmpl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR703.051 SUR703.048	Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR703.051 SUR703.048	Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
0265T	Im B1 Mrw Cel Ther Hrvst Onl	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR703.051 SUR703.048	Orthopedic Applications of Stem-Cell Therapy Stem Cell Therapy for Peripheral Arterial Disease (PAD)	-	-
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0267T	IMPLT/RPL CRTD SNS DEV LEAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0268T	Implt/Rpl Crtd Sns Dev Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0269T	REV/REMVL CRTD SNS DEV TOTAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0270T	REV/REMVL CRTD SNS DEV LEAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0271T	REV/REMVL CRTD SNS DEV GEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0272T	Interrogate Crtd Sns Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	_
0273T	INTERROGATE CRTD SNS W/PGRMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.034	Baroreflex Stimulation Devices	10/1/2022	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding				
0274T	Perq Lamot/Lam Crv/Thrc	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	1/1/2023	-
0274T	Perg Lamot/Lam Crv/Thrc	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	10/1/2022	12/31/2022
0275T	Perq Lamot/Lam Lumbar	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	1/1/2023	_
0275T	Perq Lamot/Lam Lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR712.035	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	10/1/2022	12/31/2022
0278T	Tempr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	-	-
0312T	Laps Impltj Nstim Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0313T	Laps Rmvl Nstim Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0314T	Laps Rmvl Vgl Arry&Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0315T	Rmvl Vagus Nerve Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0316T	Replc Vagus Nerve Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0317T	Elec Alys Vagus Nrv Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR701.039	Vagus Nerve Blocking Therapy for Treatment of Obesity	2/15/2021	-
0330T	Tear Film Img Uni/Bi W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.025	Eyelid Thermal Pulsation	-	-
0331T	Heart Symp Image Plnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD604.012	Myocardial Sympathetic Innervation Imaging in Patients With Heart Failure	4/1/2021	-
0335T	Insj Sinus Tarsi Implant	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.027	Subtalar Arthroereisis (STA)	-	-
0338T	Trnscth Renal Symp Denrv Unl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	-
0339T	Trnscth Renal Symp Denrv Bil	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	-	-
0345T	TRANSCATH MTRAL VLVE REPAIR	Frieden and a set of the review of a gainst memory of the set	SUR707.025	Transcatheter Mitral Valve Procedures	10/1/2022	_
0347T	Ins Bone Device For Rsa	review. Check EIU pilot CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0348T	Rsa Spine Exam	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0349T	Rsa Upper Extr Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0350T	Rsa Lower Extr Exam	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Radiostereometric Analysis for Assessment of Orthopedic Implant Position	-	-
0352T	Oct Brst/Node I&R Per Spec	predetermination to avoid post-service reviews. MP Criteria: Procedure/service reviews.	RAD601.053	Optical Coherence Tomography of the Breast	-	-
0354T	Oct Breast Surg Cavity I&R	predetermination to avoid post-service review. Ellu: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RAD601.053	Optical Coherence Tomography of the Breast	-	-
0355T	Gi Tract Capsule Endoscopy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RAD601.042	Wireless Capsule Endoscopy (WCE) To Diagnose Disorders of The Small Bowel, Esophagus, And Colon	-	12/31/2021
0358T	Bia Whole Body		RAD601.045	Whole Body Composition Analysis using Dual X-Ray Absorptiometry (DXA) or Bioelectrical Impedance Analysis (BIA)	-	-
0376T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	12/31/2021
0378T	Visual Field Assmnt Rev/Rprt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.044	Home-Based Monitoring of Visual Field	-	-
0379T	Vis Field Assmnt Tech Suppt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.044	Home-Based Monitoring of Visual Field	-	-
0397T	Ercp W/Optical Endomicroscpy	review. Check Elly policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Confocal Laser Endomicroscopy (CLE)	-	-
0398T	Mrgfus Strtctc Les Abltj	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR701.022	Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)	-	-
0402T	Colgn Cross-Link Crn Med Sep	Predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OTH903.028	Corneal Collagen Cross-Linking	-	6/30/2022
0423T	Assay Secretory Type li Pla2	review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED207.134	Measurement of Phospholipase A2 in the Assessment of Cardiovascular Risk	-	12/31/2021
0424T	Insj/Rplc Nstim Apnea Compl	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0425T	Insj/Rplc Nstim Apnea Sen Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-
0426T	Insj/Rplc Nstim Apnea Stm Ld	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR701.042	Phrenic Nerve Stimulation for Central Sleep Apnea	4/1/2022	-

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0471T Oct Skn Img Acquisj I&R Addl MP Criteria: Procedure/service review. MP Criteria: Procedure/service review. Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy 0472T Prgmg Io Rta Eltrd Ra Full. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy (CPCP). SUR713.026 Retinal Prosthesis 0472T Prgmg Io Rta Eltrd Ra ELU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy (CPCP). SUR713.026 Retinal Prosthesis 0473T Reprgrmg Io Rta Eltrd Ra ELU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy (CPCP). SUR713.026 Retinal Prosthesis 0473T Insj Aqueous Drg Dev Io Rsvr MP Criteria: Procedure/service review. Addial Policy Criteria. Submit for predetermination to avoid post-service review. SUR713.026 Retinal Prosthesis 0473T Insj Aqueous Drg Dev Io Rsvr MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. SUR713.026 Retinal Prosthesis 0473T Fxij Abl Lsr 15t 100 Sq Cm MP Criteria: Procedure/service reviewe. SUR716.001 Cosmetic and Reconstructive Procedures 0480T Fxij Abl Lsr 5t addi 100Sq Cm MP Criteria: Procedure/service reviewe. SUR716.001 Cosmetic and Reconstructive Procedures 0480T Fxij Abl Lsr 5t addi 100Sq Cm	10/1/2021 - - -	-
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Default Policy (CPCP). 0474T Insj Aqueous Drg Dev Io Rsw MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe. SUR713.034 Aqueous Shunts and Stents for Glaucoma 0479T Pajl Abl Lsr 15t 100 Sq Cm MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for SUR716.001 Cosmetic and Reconstructive Procedure/service 0480T Fxjl Abl Lsr Ea Addl 100Sqcm MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.001 Cosmetic and Reconstructive Procedures 0480T Fxjl Abl Lsr Ea Addl 100Sqcm MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for SUR716.001 Cosmetic and Reconstructive Procedures	-	
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	4/1/2021	-
0483T Trivi Percutaneous Approach predetermination to avoid post-service review. SUR707.025 Transcatheter Mitral Valve Procedures MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	10/1/2022	
0484T Tmvi Transthoracic Exposure predetermination to avoid post-service review. SUR707.025 Transcatheter Mitral Valve Procedures EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	10/1/2022	
0485T Oct Mid Ear I&R Unilateral review. Check EIU policy CPCPB, which is one of our contains and Coding MED201.046 Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions Policy (CPCP).	-	-
0486T Oct Mid Ear I&R Bilateral review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding MED201.046 Use of Optical Coherence Tomography (OCT) in the Diagnosis and Treatment of Auditory System Conditions Policy (CPCP).	-	-
EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service O493T Near Ifr Spectrsc Of Wounds review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR701.006 Foot Care Services Policy (CPCP).	-	-
EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service 0499T Cysto F/Urtl Strix/Stenosis review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding SUR710.026 Optilume (Drug Coated Balloon) for the Treatment of Urethral Stricture Conditions Policy (CPCP).	-	-
EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 0507T Near Ifr 21mg Mibmn Glnd I&R review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding OTH903.025 Eyelid Thermal Pulsation Policy (CPCP).	-	-
EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service D508T Pls Echo Us B1 Dns Meas Tib review. Check EU policy (CPCP08, which is one of our Clinical Payment and Coding RAD601.071 Pulse-Echo Ultrasound Bone Density Measurement Policy (CPCP).	-	-
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Construction Product minipution to avoid post-service review. OF MOS 3050 Exclude undigaping (EKS), multi-Call Exclude undigaping (micks) and Patient Exclude undigaping (micks) a	2/15/2021 - - -	- 5/14/2021 - - - - -
Count Predetermination to avoid post-service review. OF M93/3336 Executive indicating apply (MKK), multi-MCLAT Executive indication gap (MKK), multi-MCLAT Executive indications and Soft Tissue Injuries 0513T Esw Integ Wind Hig Ea Addl ELU: Procedure/Service not reinbursed by the Plan. Not subject to pre-service SUR705.018 Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries 0513T Esw Integ Wind Hig Ea Addl Policy (CPCP). SUR705.018 Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries </td <td>2/15/2021 - - -</td> <td>- 5/14/2021 - - - - - -</td>	2/15/2021 - - -	- 5/14/2021 - - - - - -
Construction Product miniput on to avoid post-service review. OF 1993-0336 Exclude undigaphy (Exc), multi-train relation to avoid post-service mode 05111 Rmvl&Rinsj Sinus Tarsi Implt EUL Procedure/Service not reimbursed by the Plan. Not subject to pre-service Subtalar Arthroereisis (STA) 05121 Esw Integ Wind Hig 1st Wind Procedure/Service not reimbursed by the Plan. Not subject to pre-service Subtalar Arthroereisis (STA) 05121 Esw Integ Wind Hig 1st Wind Procedure/Service not reimbursed by the Plan. Not subject to pre-service SuB705.018 Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries 05131 Esw Integ Wind Hig Ea Add FUI: Procedure/Service not reimbursed by the Plan. Not subject to pre-service SuB705.018 Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries 05131 Esw Integ Wind Hig Ea Add Policy (CPCP). EUI: Procedure/Service reviewed against Medical Policy Criteria. Submit for pre-service Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries 05247 Ev Cath Dir Chem Ablity W/Img MP Criteria: Procedure/Service review. SUR707.016 Varicose Vein Management 05347 Cont Rec Mwmt Do S-10 Days review. Check Ell policy (CPCP). EUI: Procedure/Service not reimbursed by the P	2/15/2021 - - -	- 5/14/2021 - - - - - - -
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0666T	Don Hysterectomy Laps Liv	 Enc. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). 	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0665T	Don Hysterectomy Open Liv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0665T	Don Hysterectomy Open Liv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0664T	Don Hysterectomy Open Cdvr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0664T	Don Hysterectomy Open Cdvr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.023	Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	10/1/2021	-
0657T	Vrt Bdy Tethering Ant 8+ Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.046	Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis	7/1/2021	-
0656T	Vrt Bdy Tethering Ant <7 Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.046	Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis	7/1/2021	-
0651T	MAG CTRLD CAPSULE ENDOSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon	11/1/2022	12/31/2022
0651T	MAG CTRLD CAPSULE ENDOSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RAD601.042	Wireless Capsule Endoscopy to Diagnose Disorders of The Small Bowel, Esophagus, and Colon	1/1/2023	_
0650T	Prgrmg Dev Eval Scrms Remote	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.003	Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems)	7/1/2021	-
0646T	Ttvi/Rplcmt W/Prstc Vlv Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0645T	Tcat Impltj C Sins Rdctj Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0643T	Tcat L Ventr Rstrj Dev Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0642T	Nente Nr Ifr Spetrse Wnd I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0641T	Nente Nr Ifr Spetrse Wnd Img	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0640T	Nente Nr Ifr Spetrse Wnd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	7/1/2021	-
0639T	Wrls Skn Snr Anisotropy Meas	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0632T	Perq Tcat Us Abltj Nrv P-Art	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0631T	Tc Vis Lit Hyperspectral Img	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0630T	Perq Njx Algc Ct Lmbr Ea	review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0629T	Perq Njx Algc Ct Lmbr 1St	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0628T	Perq Njx Algc Fluor Lmbr Ea	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
	Perq Njx Algc Fluor Lmbr 1St	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				-
0627T		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Experimental, investigationial and/or Unproven Procedures/Services	1/1/2021	-
0626T	Auto Quan C Plaq I&R	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	
0625T	Auto Quan C Plaq Cptr Alys	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	_
0624T	Auto Quan C Plaq Data Prep	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0623T	Auto Quantification C Plaque	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0622T	Trabeculostomy Int Lsr W/Scp	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0621T	Trabeculostomy Interno Laser	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0620T	Evasc Ven Artlz Tibl/Prnl Vn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2021	-
0615T	Eye Mvmt Alys W/O Calbrj I&R	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	-
0603T	Transdermal Gfr Monitoring	review. Check Ell policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.050	Transdermal Glomerular Filtration Rate	4/1/2021	-
0602T	Transdermal Gfr Measurements	review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED201.050	Transdermal Glomerular Filtration Rate	4/1/2021	-
0590T	Elec Alys Cplx Prgrmg lins	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
0589T	Elec Alys Smpl Prgrmg lins	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
0588T	Revision/Removal Isdns Ptn	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				-
0587T	Perg Impltj/Rplcmt Isdns Ptn	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED205.035	Orthopedic Applications of Stem Cell I herapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow) Percutaneous Tibial Nerve Stimulation (PTNS)	3/1/2021	0/14/2021
0566T 0566T	Autol Cell Implt Adps Njx Autol Cell Implt Adps Njx	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.051 SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow) Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	8/15/2021	- 8/14/2021
0565T	Autol Cell Implt Adps Hrvg	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	4/1/2021	8/14/2021
0565T	Autol Cell Implt Adps Hrvg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	8/15/2021	-
0563T	Evac Meibomian Glnd Heat Bi	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)	-	-
0551T	Tprnl Balo Cntnc Dev Adjmt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR/01.036	Implanted Adjustable Continence Therapy	-	12/31/2021
		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	
	Tprnl Balo Cntnc Dev Rmvl Ea	review. check cro policy cr crob, which is one of our clinical rayment and could	SUR701.036	Implanted Adjustable Continence Therapy	-	12/31/2021

0666T	Don Hysterectomy Laps Liv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
D667T	Don Hysterectomy Rcp Uter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
0667T	Don Hysterectomy Rcp Uter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
1668T	Bkbench Prep Don Uter Algrft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	-
)668T	Bkbench Prep Don Uter Algrft	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
0669T	Bkbench Rcnstj Don Uter Ven	EU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	_
669T	Bkbench Rcnstj Don Uter Ven	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	8/14/2021
670T	Bkbench Rcnstj Don Uter Artl	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	OB402.023	Services for Infertility and Recurrent Fetal Loss	8/15/2021	
1670T	Bkbench Rcnstj Don Uter Artl	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OB402.023	Services for Infertility and Recurrent Fetal Loss	7/1/2021	- 8/14/2021
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	00401.015		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/14/2021
0672T	NDOVAG CRYG RF REMDL TISS	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR710.021	Radiofrequency Energy Therapy for Stress Urinary Incontinence (SUI)	1/1/2023	_
0672T	NDOVAG CRYG RF REMDL TISS Ambulance Service Advanced Life	predetermination to avoid post-service review.	SUR710.021	Radiofrequency Energy Therapy for Stress Urinary Incontinence (SUI)	12/1/2022	12/31/2022
0426	Support Non-Emergency Transport Level 1 (Als 1)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.005	Ambulance and Transport Services	2014-09-15	-
0430	Fixed Wing Air Transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	ADM1001.005	Ambulance and Medical Transport Services	-	-
A0431	Rotary Wing Air Transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.005	Ambulance and Medical Transport Services	-	-
40435	Fixed Wing Air Mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	ADM1001.005	Ambulance and Medical Transport Services	-	-
0436	Rotary Wing Air Mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.005	Ambulance and Medical Transport Services	-	-
40888	Noncovered Ambulance Mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.005	Ambulance and Medical Transport Services	-	-
0999	Unlisted Ambulance Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
2001	Innovamatrix Ac Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-15	-
2002	Mirragen adv wnd mat per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2002	Mirragen adv wnd mat per sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2004	Xcellistem per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2004	Xcellistem per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2005	Microlyte matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2005	Microlyte matrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
42006	Novosorb synpath per sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2007	Restrata per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
42007	Restrata per sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
12008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2008	Theragenesis per sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
42009	- · ·	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	CU0704.040		4/15/2022	
42009	Symphony per sq cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR/04.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2009	Symphony per sq cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/15/2022	-
2010	Apis per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	1/15/2022	4/14/2022
2011	Supra Sdrm Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	N/A	N/A	4/1/2022	-
2012	Suprathel Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	N/A	N/A	4/1/2022	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
2013	Innovamatrix Fs Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	N/A	N/A	4/1/2022	-
4100	Skin Sub Fda Clrd As Dev Nos	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Non Coursed: Proceeding/conject on travered by the Blan. Not subject to pro-conject		N/A	4/1/2022	-
4267	Male Condom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	12/31/2022
4290	Sacral Nerve Stim Test Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	-	10/1/2022
A4335	Incontinence Supply	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
4421	Ostomy Supply Misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
4458	Reusable Enema Bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_	-
4520	Incontinence Garment Anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
4553	Nondisp Underpads All Sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	-	-
4554	Disposable Underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	_	_
4555	Ca Tx E-Stim Electr/Transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.039	Tumor Treating Fields (TTF) Therapy	_	_
4575	Hyperbaric O2 Chamber Disps	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	PSY301.014	Autism Spectrum Disorders (ASD)		
		Policy (PCPC). PA maybe required until 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.003 MED202.060	Hyperbaric Oxygen (HBO2) Therapy Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
A4600	Sleeve Inter Limb Comp Dev	predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-

		FILL Records of Acceleration in the Internal books and a state of the Acceleration				
A4639		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.045	Skin Contact Monochromatic Infrared Energy (MIRE)	-	-
A4641	Radiopharm Dx Agent Noc	Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to				
A4649	Surgical Supplies	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A4890		contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Repair/Maint Cont Hemo Equip	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A4913	Misc Dialysis Supplies Noc	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
A4927	Non-Sterile Gloves	review.	-	-	-	-
A4931	Reusable Oral Thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
A4932	Reusable Rectal Thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
A5507	Modification Diabetic Shoe	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A6000		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.050	Noncontact Normothermic Wound Therapy		
		Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to		······	-	-
A6261	Wound Filler Gel/Paste /Oz	contract/clinical review.	-	-	-	-
A6262	Wound Filler Dry Form / Gram	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A6512	Compres Burn Garment Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A6549	G Compression Stocking	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A9150	Misc/Exper Non-Prescript Dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
A9152		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				
		Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
A9153	Multi-Vitamin Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
A9270	Non-Covered Item Or Service	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
A9270		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Hot/Cold Botle/Cap/Col/Wrap	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A9279	Monitoring Feature/Devicenoc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
A9280	Alert Device Noc	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
A9282	Wig Any Type	predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022
A9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	7/1/2022	_
		Unlisted: Procedure/service not specifically defined or classified EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
A9285	Inversion Eversion Cor Devic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME103.001	Orthotics	-	-
A9291	Pres Digital Behav Thera Fda	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	PSY302.002	Digital Health Therapies for Substance Abuse	2022-04-01	
		Policy (CPCP).				-
A9300	Exercise Equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
A9515	Choline C-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	
A9579	Gad-Base Mr Contrast Nos 1MI	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
A9579 A9597	Gad-Base Mr Contrast Nos 1MI Pet Dx For Tumor Id Noc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
	Pet Dx For Tumor Id Noc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	- -	- - -	-	-
A9597	Pet Dx For Tumor Id Noc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	- - -	- - - -		-
A9597 A9598	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	- - - -	- - - -	-	- - -
A9597 A9598 A9698 A9699	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	- - - -	- - - - -	- - - -	- - - -
A9597 A9598 A9698 A9699 A9900	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc Supply/Accessory/Service	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	- - - - -	- - - - - -	-	- - - - -
A9597 A9598 A9698 A9699 A9900 A9999	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc Supply/Accessory/Service Dme Supply Or Accessory Nos	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - -		- - - - - -	- - - - - -
A9597 A9598 A9698 A9699 A9900 A9999 B4105	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc Supply/Accessory/Service Dme Supply Or Accessory Nos Enzyme Cartridge Enteral Nut	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. MP Cifferia: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avid post-service review.	- - - - - - - - - - - - - - - - - - -		- - - - - - -	- - - - - - - - - - - -
A9597 A9598 A9698 A9699 A9699 A9900 A9990 B4105 B9998	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc Supply/Accessory/Service Dme Supply Or Accessory Nos Enzyme Cartridge Enteral Nut Enteral Supp Not Otherwise C	contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Molisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - MED201.011		- - - - - - - - -	- - - - - - - - - - - - - - - - - - -
A9597 A9598 A9698 A9699 A9900 A9999 B4105	Pet Dx For Tumor Id Noc Pet Dx For Non-Tumor Id Noc Non-Rad Contrast Materialnoc Radiopharm Rx Agent Noc Supply/Accessory/Service Dme Supply Or Accessory Nos Enzyme Cartridge Enteral Nut Enteral Supp Not Otherwise C Parenteral Supp Not Otherwise C	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - MED201.011 - -		- - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
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C9073	Brexucabtagene Autoleucel Ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	2/1/2021	3/31/2021
C9074	Injection Lumasiran	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	5/1/2021	6/30/2021
C9081	Idecabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX502.061	Oncology Medications	10/1/2021	12/31/2021
C9085	Inj Avalglucosid Alfa-Ngpt	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	1/1/2022	3/31/2022
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	,		-, -,	-//
C9092	Inj. Xipere 1 Mg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	OTH903.035	Suprachoroidal Injection of a Pharmacologic Agent	2022-04-01	-
C9093	Inj. Susvimo 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	2022-04-01	6/30/2022
C9094	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.087	FDA-Approved Drugs and Biologicals	7/1/2022	_
C9097	Inj faricimab-svoa 0.1 mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.044	Faricimab-svoa	7/1/2022	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require				-
C9098	Ciltacabtagene car pos t	Prior Authorization per contract agreement.	RX502.061	Oncology Medications	10/1/2022	-
C9257	Bevacizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015	Bevacizumab for Ophthalmological Indications Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	-
C9354	Veritas Collagen Matrix Cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP)	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	_
C9356	Tenoglide Tendon Prot Cm2	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	_
	Dermal Substitute Native Non-	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
C9358	Surgimend Collagen Matrix) Per 0.5	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		Bioengineered Skin and Soft Tissue Substitutes	-	-
C9359	Implnt,bon void filler-putty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR703.051	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	4/1/2021	_
C9360	Surgiment Neenstel	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUD704.012	Discontineered Chin and Coft Tissue Cubritudes		
C9362	Surgimend Neonatal	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Bioengineered Skin and Soft Tissue Substitutes Othopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With Autologous Bone Marrow)	- 4/1/2021	-
C9302		Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR/03.051	Orthopedic Applications of Stem Cell Therapy (including Allograft and Bone Substitute Products Used with Autologous Bone Marrow)	4/1/2021	-
C9363		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
C9364	Porcine Implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		Bioengineered Skin and Soft Tissue Substitutes	-	-
			RX501.135 RX501.141	Casimersen Efgartigimod alfa-fcab		
			RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
C9399		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.087 RX504.003	FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	-
			RX501.139 RX501.130	Rethymic Veklury		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.129	Viltolarsen		
C9739		predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	-
C9740	Cysto Impl 4 Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR710.023	Prostatic Urethral Lift	-	-
C9757		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.045	Annulus Closure After Discectomy	2022-08-01	-
C9757	Spine/Lumbar Disk Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.045	Annulus Closure After Discectomy	2022-05-01	2022-07-31
C9764	Revasc intravasc lithotripsy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	_
C9765	Revasc intra lithotrip-stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	_
C9766	Revasc intra lithotrip-ather	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	
C9767		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032			-
C9787	Revase innomp-stent-ather	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADIVI1001.032	Experimental, Investigational and/or Unproven Procedures/Services	5/15/2021	-
C9768	Endo Us-Guide Hep Porto Grad		SUR701.043	Endoscopic Ultrasound-Guided Direct Hepatic Portosystemic Pressure Gradient Measurement	3/1/2021	-
C9769	Cysto W/Temp Pros Implant	predetermination to avoid post-service review.	MED201.025	Temporary Prostatic Stent	-	-
C9770	Approach, with subretinal hijection of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	4/1/2021	-
C9771	Pharmacologic/Biologic Agent Nsl/Sins Cryo Post Nasal Tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR706.001	Nasal and Sinus Surgery	5/15/2021	-
c0.774		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR706.001			
C9771	Nsl/Sins Cryo Post Nasal Tis				a /a /a	
C9772		predetermination to avoid post-service review. FILI: Procedure/service not reimbursed by the Plan. Not subject to pre-service	301/00.001	Nasal and Sinus Surgery	2/1/2021	5/14/2021
	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Nasal and Sinus Surgery Experimental, Investigational and/or Unproven Procedures/Services	2/1/2021 8/15/2021	-
C9772	Revasc lithotrip tibi/perone	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Citreia: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.				5/14/2021 - 8/14/2021
	Revasc lithotrip tibi/perone	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021	-
C9772	Revasc lithotrip tibi/perone	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC088, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service nerviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021	-
C9772 C9773	Revasc lithotrip tibi/perone Revasc lithotristent tib/per Revasc lithotristent tib/per Revasc lithotristent tib/per	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (Dolicy CPCP).	ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services Experimental, Investigational and/or Unproven Procedures/Services Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021 8/15/2021	- 8/14/2021
C9772 C9773 C9773	Revasc lithotrip tibi/perone Revasc lithotristent tib/per Revasc lithotristent tib/per Revasc lithotristent tib/per	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPC08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021 8/15/2021 5/15/2021	- 8/14/2021
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C9772 C9773 C9773 C9774 C9774 C9775 C9775 C9775 C9898 C9898	Revasc lithotrip tibi/perone Revasc lithotri tibi/per Revasc lithotristent tibi/per Revasc lith-sten-ath tibi/per Revasc lith-sten-ath tibi/per Input Stay Radiolabeled Item Inpt Stay Radiolabeled Item Unspecified Diagnostic Procedure By Report AstraZeneca Covid-19 vaccine administration first dose	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Proceedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Proceedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Proceedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Proceedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unitstet: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unitstet: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unitstet: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Not Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 - - - - -	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021 8/15/2021 5/15/2021 8/15/2021 8/15/2021 8/15/2021	- 8/14/2021 - 8/14/2021 - 8/14/2021 -
 C9772 C9773 C9773 C9774 C9775 C9775 C9775 C9777 C9898 C9899 C999 C999 	Revase lithotrip tibi/perone Revase lithotrip tibi/perone Revase lithotristent tib/per Revase lithotristent tibi/per Revase lithotristen ath tibi/per Revase lith-sten-ath tibi/per Input Stay Radiolabeled Item Upspecified Diagnostic Procedure By Report AstraZenees Covid-19 vaccine	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). UP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). UP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). UP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). UP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not specifically defined or classified, may be subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). UNISted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. UNISted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. UNISted: Procedure/service not specifically defined or classified, may be subject to contract/clinical revie	ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 - - - - -	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021 8/15/2021 8/15/2021 5/15/2021 5/15/2021 5/15/2021 8/15/2021 - - - - - -	- 8/14/2021 - 8/14/2021 - 8/14/2021 -
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C9772 C9773 C9773 C9774 C9774 C9775 C9775 C9775 C9775 C9898 C9899 C9899 C9899 C9899 C9899 C9899 C9999 C9999 C9097 C9097 C9075	Revasc lithotrip tibi/perone Revasc lithotristent tib/per Revasc lith-sten-ath tib/per Revasc lith-sten-ath tib/per Lith-sten-ath tib/per Lith-sten-ath tib/per Lingt Trags Radiolabeled Item Input Stay Radiolabeled Item AstraZeneca Covid-19 vaccine administration first dose AstraZeneca Covid-19 vaccine administration first dose Unspecified Dreventive Procedure By Report	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria. Submit for predetermination to avoid post-service review. Bank EU procedure/service netreimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service not service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Check EU policy CPCP0. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Check EU Policy CPCP0. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non	ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 ADM1001.032 - - - - - - - - - - - - - - -	Experimental, Investigational and/or Unproven Procedures/Services	8/15/2021 5/15/2021 8/15/2021 8/15/2021 8/15/2021 8/15/2021 8/15/2021 9/15/2021 - - - - 3/15/2021	- 8/14/2021 - 8/14/2021 - 8/14/2021 -

D3999						
	Unspecified Endodontic Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_	_
D4999		Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Report Unspecified Removable Prosthodontic	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to		-	-	-
D5899	Procedure By Report	contract/clinical review.		-	-	-
D5999	Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-	-
D6199	Unspecified Implant Procedure By	Unlisted: Procedure/service not specifically defined or classified, may be subject to		_	_	_
D6999	Report Unspecified Fixed Prosthodontic	contract/clinical review. – Unlisted: Procedure/service not specifically defined or classified, may be subject to				
00999	Procedure By Report Extraction Erupted Tooth Requiring	contract/clinical review		-	-	-
D7210		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
0,110	Tooth And Including Elevation Of	review		-	-	-
D7220	Mucoperiosteal Flap If Indicated Removal Of Impacted Tooth - Soft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
	Tissue Removal Of Impacted Tooth - Partially	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
D7230	Bony	review		-	-	-
D7999	Unspecified Oral Surgery Procedure By Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. –		-	-	-
D8210	Removable Appliance Therapy	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		-	-	-
D8220	Fixed Appliance Therapy	review		-	-	-
D8999	Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-	-
D9999	Unspecified Adjunctive Procedure By	Unlisted: Procedure/service not specifically defined or classified, may be subject to		_	_	_
E0210	Report Electric Heat Pad Standard	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		-	-	-
E0217	Water Circ Heat Pad W Pump	review		-	-	-
E0218	Fluid Circ Cold Pad W Pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. –		-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
E0221	Infrared Heating Pad System	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DI Policy (CPCP).	ME101.045	Skin Contact Monochromatic Infrared Energy (MIRE)	-	-
E0231	Wound Warming Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding DI	ME101.050	Noncontact Normathermic Mound Therapy		
20231	Wound Warming Device	Policy (CPCP).	IVIE101.050	Noncontact Normothermic Wound Therapy	-	-
E0232	Warming Card For Nwt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ME101.050	Noncontact Normothermic Wound Therapy		
20232	Warming Card For Nwt	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Di Policy (CPCP).		нальных написителик толко петору	-	-
E0236	Pump For Water Circulating P	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	_
E0240	Bath/Shower Chair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
		review Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
E0241	Bath Tub Wall Rail	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			_	_
E0244	Toilet Seat Raised	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	·	-		
EUZ44	Tollet Seat Raised	review		-	-	-
E0245	Tub Stool Or Bench	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
E0246	Transfer Tub Rail Attachment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_	-
E0247	Trans Bench W/Wo Comm Open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
		review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
E0248	Hdtrans Bench W/Wo Comm Open	review.		-	-	-
E0273	Bed Board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-	-
E0273 E0274	Bed Board Over-Bed Table	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
E0274	Over-Bed Table	review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – MD Criteria: Procedure/remice reviewed assist: Medical Bolicy Criteria. Submit for	ME101 001		-	-
E0274 E0300	Over-Bed Table Enclosed Ped Crib Hosp Grade	review	ME101.001	Hospital Beds and Related Equipment		-
E0274	Over-Bed Table	review	ME101.001	Hospital Beds and Related Equipment -	-	-
E0274 E0300	Over-Bed Table Enclosed Ped Crib Hosp Grade	review	ME101.001	Hospital Beds and Related Equipment - Hospital Beds and Related Equipment	-	-
E0274 E0300 E0315 E0316	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt	review		-	- - - -	-
E0274 E0300 E0315 E0316 E0446	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys. Nos	review	ME101.001	- Hospital Beds and Related Equipment -	-	- - - -
E0274 E0300 E0315 E0316	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure	review	ME101.001	-		- - - - - - - - - - - - - - - - - - -
E0274 E0300 E0315 E0316 E0446	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys. Nos	review	IME101.001 IME204.005 IED204.005	- Hospital Beds and Related Equipment -	- - - - - - - - Moved to PA I	- - - - - - - - - - - - - - - - - - -
E0274 E0300 E0315 E0316 E0446 E0471 E0485	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab	review	IME101.001 IME204.005 IED204.005	Hospital Beds and Related Equipment Juganosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders	- - - - - - - - - - Moved to PA I	
E0274 E0300 E0315 E0316 E0446 E0471	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys. Nos Rad W/Backup Non Inv Intrfc	review.	IME101.001 IME204.005 IED204.005		- - - - - - - Moved to PA I - -	
E0274 E0300 E0315 E0316 E0446 E0471 E0485	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab	review. —	ME101.001 MED204.005 MED204.005 MED204.005	Hospital Beds and Related Equipment Juganosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders	- - - - - - - - - - - - - - - - - -	
E0274 E0274 E0300 E0315 E0315 E0316 E0446 E0471 E0485 E0486 E0487	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer	review.	ME101.001 MED204.005 MED204.005 MED204.005 ME101.040	- Hospital Beds and Related Equipment - Diagnosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders		
E0274 E0300 E0315 E0316 E0446 E0446 E0485 E0485 E0486 E0487	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer Cardiac Event Recorder	review	ME101.001 MED204.005 MED204.005 MED204.005	- Hospital Beds and Related Equipment Diagnosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders Diagnosis and Medical Management of Sleep Related Breathing Disorders Home Spirometry		
E0274 E0274 E0300 E0315 E0315 E0316 E0446 E0471 E0485 E0486 E0487	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer	review.	ME101.001 MED204.005 MED204.005 MED204.005 ME101.040			
E0274 E0300 E0315 E0316 E0446 E0446 E0485 E0485 E0486 E0487	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer Cardiac Event Recorder	review.	ME101.001 MED204.005 MED204.005 MED204.005 ME101.040		- - - - - - - - - - - - - - - - - -	
E0274 E0300 E0315 E0315 E0316 E0446 E0485 E0485 E0486 E0487 E0616 E0625 E0635 E0040000000000000000000000000000000000	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Accessory Brd/Tbl/Supprt Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer Cardiac Event Recorder Patient Lift Bathroom Or Toi	review. — — — — — — — — — — — — — — — — — — —	ME101.001 MED204.005 MED204.005 ME101.040 ME101.034			
E0274 E0300 E0315 E0315 E0316 E0446 E0485 E0486 E0487 E0616 E0625 E0635 E0637 E0537	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Safety Enclosure Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Intrfc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer Cardiac Event Recorder Patient Lift Bathroom Or Toi Patient Lift Electric Combination Sit To Stand Sys	review.	ME101.001 ME101.005 ME0204.005 ME0204.005 ME101.040 ME101.034 ME101.034			
E0274 E0300 E0315 E0315 E0316 E0446 E0485 E0485 E0486 E0487 E0616 E0625 E0635 E0040000000000000000000000000000000000	Over-Bed Table Enclosed Ped Crib Hosp Grade Bed Accessory Brd/Tbl/Supprt Bed Accessory Brd/Tbl/Supprt Topical Ox Deliver Sys Nos Rad W/Backup Non Inv Int/fc Oral Device/Appliance Prefab Oral Device/Appliance Cusfab Electronic Spirometer Cardiac Event Recorder Patient Lift Bathroom Or Toi Patient Lift Electric	review. — — — — — — — — — — — MP Cirteria: Procedure/service not covered by the Plan. Not subject to pre-service review. — — MP Cirteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. — MP Cirteria: Procedure/service not covered by the Plan. Not subject to pre-service review. — MP Cirteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. — — — — — — — — — — — — — — — — — — —	ME101.001 MED204.005 MED204.005 ME101.040 ME101.034		- -	
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E0669	Seg Pneumatic Appli Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0670	Seg Pneum Int Legs/Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	_	_
E0671	Pressure Pneum Appl Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.060	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers		
E0672	Pressure Pneum Appl Full Arm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.073 MED202.060	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	-	-
E0673	Pressure Pneum Appl Half Leg	predetermination to avoid post-service review.	MED202.073	Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0675	Pneumatic Compression Device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0676	Inter Limb Compress Dev Nos	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	-	-
E0691	Uvl Pnl 2 Sq Ft Or Less	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions		
E0692	Uvl Sys Panel 4 Ft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions	_	
E0693	Uvl Sys Panel 6 Ft	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE801.033	Phototherapy for Dermatologic Conditions	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E0694	Uvl Md Cabinet Sys 6 Ft	predetermination to avoid post-service review.	THE801.033	Phototherapy for Dermatologic Conditions	-	-
E0731	Conductive Garment For Tens/	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	-	6/30/2022
E0740	Non-Implant Pelv Flr E-Stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.037 MED201.030	Pelvic Floor Stimulation (PFS) as a Treatment of Urinary or Fecal Incontinence Sexual Dysfunctions, Assessment and Treatment	-	-
E0745	Neuromuseulas Film For Sheek	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR710.018	Sacral Nerve Neuromodulation/Stimulation		10/1/2022
20745	Neuromuscular Stim For Shock	Prior Authorization per contract agreement.	MED201.026	Surface Electrical Stimulation	-	10/1/2022
E0747	Elec Osteogen Stim Not Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	-	-
E0748	Elec Osteogen Stim Spinal	Protectimination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR705.013	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	_	_
E0749	Elec Osteogen Stim Implanted	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Electrical Bone Growth Stimulation of the Appendicular Skeleton		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR705.013	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	-	-
E0760	Osteogen Ultrasound Stimltor	predetermination to avoid post-service review.	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	-	-
E0761	Nontherm Electromgntc Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
E0762	Trans Elec Jt Stim Dev Sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.042	Electrical Stimulation for the Treatment of Arthritis	-	-
E0764	Functional Neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.033	Functional Neuromuscular Electrical Stimulation	-	6/30/2021
E0764	Functional Neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.033	Functional Neuromuscular Electrical Stimulation	4/1/2022	_
E0764	Functional Neuromuscularstim	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.033	Functional Neuromuscular Electrical Stimulation	1/1/2022	3/31/2022
E0766	Elec Stim Cancer Treatment	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.039	Tumor Treating Fields (TTF) Therapy		
20700		predetermination to avoid post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service	MEDI01.035	Termor Treasing Trease (Tri J Theopy	-	-
E0769	Electric Wound Treatment Dev	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
E0770	Functional Electric Stim Nos	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	MED201.033	Functional Neuromuscular Electrical Stimulation	_	_
E0830	Ambulatory Traction Device	contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.041	Pneumatic Traction and Spinal Unloading Devices		_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		· · · ·		
E0840	Tract Frame Attach Headboard	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.046	Traction Devices for Use in the Home	-	-
E0849	Cervical Pneum Trac Equip	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.041 DME101.046	Pneumatic Traction and Spinal Unloading Devices Traction Devices for Use in the Home	-	-
E0850	Traction Stand Free Standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0855	Cervical Traction Equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0856	Cervic Collar W Air Bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.041 DME101.046	Pneumatic Traction and Spinal Unloading Devices Traction Devices for Use in the Home	-	-
E0860	Tract Equip Cervical Tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME101.046	Traction Devices for Use in the Home		
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
E0890	Traction Frame Attach Pelvic	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Traction Devices for Use in the Home	-	-
E0935	Cont Pas Motion Exercise Dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	DME101.023	Continuous Passive Motion (CPM) Device	-	6/30/2022
E0936	Cpm Device Other Than Knee	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.023	Continuous Passive Motion (CPM) Device	-	-
E0942	Cervical Head Harness/Halter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0944	Pelvic Belt/Harness/Boot	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME101.046	Traction Devices for Use in the Home	-	-
E0985	W/C Seat Lift Mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
E0986	Man W/C Push-Rim Powr System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E1002	Pwr Seat Tilt	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E1003	Pwr Seat Recline	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
E1004	Pwr Seat Recline Mech	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	
E1005	Pwr Seat Recline Pwr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1006	Pwr Seat Combo W/O Shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
E1007	Pwr Seat Combo W/Shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	
E1008	Pwr Seat Combo Pwr Shear	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	
E1009	Add Mech Leg Elevation	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E1010	Add Pwr Leg Elevation	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1012	Ctr Mount Pwr Elev Leg Rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-

E1161	Manual Adult Wc W Tiltinspac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1229	Pediatric Wheelchair Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
E1230	Power Operated Vehicle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E1239	Ped Power Wheelchair Nos	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	DME101.010	Wheelchairs and Accessories		
	red rower wheelchair wos	contract/clinical review.	DWILTOI.010	Wheek lights and Accessories	-	-
E1399	Durable Medical Equipment Mi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
E1629	Tablo For Dialysis Service	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	2022-01-01	-
E1632	Wearable artificial kidney	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	1/1/2023	_
		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				-
E1632	Wearable artificial kidney	predetermination to avoid post-service review.	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting	7/1/2022	12/31/2022
E1699	Dialysis Equipment Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
E1700	Jaw Motion Rehab System	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME103.009 SUR705.010	Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)	_	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
E1701	Repl Cushions For Jaw Motion	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	DME103.009 SUR705.010	Mechanical Stretching Devices Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
E1702	Repl Measr Scales Jaw Motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME103.009	Mechanical Stretching Devices		
		Policy (CPCP).	SUR705.010	Temporomandibular Joint (TMJ) Disorders (TMJD)	-	-
E1902	Aac Non-Electronic Board	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014 DME104.009	Autism Spectrum Disorders (ASD) Speech Generating Devices (SGD)	-	-
E2300	Pwr Seat Elevation Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2301	Pwr Standing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2310	Electro Connect Btw Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
E2311	Electro Connect Btw 2 Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheekhairs and Accessories		
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelshairs and Acrossories	-	-
E2312	Mini-Prop Remote Joystick	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Wheelchairs and Accessories	-	-
E2313	Pwc Harness Expand Control	predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E2321	Hand Interface Joystick	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2322	Mult Mech Switches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2323	Special Joystick Handle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2324	Chin Cup Interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
E2325	Sip And Puff Interface	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E2326	Breath Tube Kit	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E2327	Head Control Interface Mech	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E2328	Head/Extremity Control Inter	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2329	Head Control Nonproportional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2330	Head Control Proximity Switc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2331	Attendant Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2340	W/C Wdth 20-23 In Seat Frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
E2341	W/C Wdth 24-27 In Seat Frame	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E2342	W/C Doth 20-21 In Seat Frame	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E2343	W/C Dpth 22-25 In Seat Frame	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
E2351	Electronic Sgd Interface	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2373	Hand/Chin Ctrl Spec Joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2374	Hand/Chin Ctrl Std Joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
E2375	Non-Expandable Controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
E2376	Expandable Controller Repl	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
E2377	Expandable Controller Initi	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
E2500	Sgd Digitized Pre-Rec <=8Min	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.009	Speech Generating Devices (SGD)	-	-
E2502	Sgd Prerec Msg >8Min <=20Min	predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	-
E2504	Sgd Prerec Msg>20Min <=40Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	-
E2506	Sgd Prerec Msg > 40 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	-	-
E2508	Sgd Spelling Phys Contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.009	Speech Generating Devices (SGD)	_	_
E2510	Sgd W Multi Methods Msg/Accs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.009	Speech Generating Devices (SGD)	_	_
E2511	Sgd Sftwre Prgrm For Pc/Pda	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.009	Speech Generating Devices (SGD)		
E2512		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.009	Speech Generating Devices (SGD)	-	-
-2312	Sgd Accessory Mounting Sys	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.	DIVIE104.009	Sheerii Aesiiriik Afsiley (200)	-	-
E2599	Sgd Accessory Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	DME104.009	Speech Generating Devices (SGD)	-	-
E2610	Powered W/C Cushion	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	
G0176		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.014		-	
	Opps/Php;Activity Therapy Pet Imaging Any Site Not Otherwise	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to		Autism Spectrum Disorders (ASD)	-	-
G0235	Specified	contract/clinical review. May require PA per contract agreement.	AIM	AIM Guidelines	-	-
G0255	Current Percep Threshold Tst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED205.033 MED205.030	Automated Point-of-Care Nerve Conduction Testing Quantitative Sensory Testing	_	_
C0376	Bild /Blaaska Control City =	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
G0276	Pild/Placebo Control Clin Tr	review.	-	-	-	-
G0277	Hbot Full Body Chamber 30M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
G0281	Elec Stim Unattend For Press	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-

G0282	Elect Stim Wound Care Not Pd		MED201.027	Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
G0293	Non-Cov Surg Proc Clin Trial	Policy (CPCP). Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
G0294	Non-Cov Proc Clinical Trial	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	-	-
		review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	- MED201.027	- Electrostimulation and Electromagnetic Therapy for Treating Wounds	-	-
G0295	Electromagnetic Therapy Onc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	THE803.008	Non-Covered Physical Therapy Services	-	-
G0329	Electromagntic Tx For Ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.027 THE803.008	Electrostimulation and Electromagnetic Therapy for Treating Wounds Non-Covered Physical Therapy Services	-	-
G0341	Percutaneous Islet Celltrans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.013	Pancreas and Related Organ Tissue Transplantation	-	-
G0342	Laparoscopy Islet Cell Trans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.013	Pancreas and Related Organ Tissue Transplantation	_	_
G0343	Laparotomy Islet Cell Transp	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.013	Pancreas and Related Organ Tissue Transplantation		
G0416	Prostate Biopsy Any Mthd	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR717.015	Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer, Including Comprehensive 3D Mapping with Biopsy	-	6/30/2022
G0422	Intens Cardiac Rehab W/Exerc	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.023	Cardiac Rehabilitation (CR)	-	-,,
G0423	Intens Cardiac Rehab No Exer	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	THE803.023	Cardiac Rehabilitation (CR)	-	-
00425		predetermination to avoid post-service review.	1112803.025		-	-
G0428	Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G. Cmi Collagen Scaffold Menaflex)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). PA maybe required until 04/01/2022.	SUR705.034	Meniscal Allografts and Other Meniscal Implants	-	-
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G. As A Result Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
COAFE	Highly Active Antiretroviral Therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	CU0703 040	Face (Miner birth Tarana (and the (F) T)		c/20/2022
G0455	Fecal Microbiota Prep Instil	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR703.049	Fecal Microbiota Transplantation (FMT)	-	6/30/2022
G0460	Autologous Prp For Ulcers	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	-
G0465	Autolog Prp Diab Wound Ulcer	EIIC: Procedure/service not reimoursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	4/1/2022	-
G0465	Autolog Prp Diab Wound Ulcer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	4/13/2021	3/31/2022
G2011	Alcohol/Sub Misuse Assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	_
G2082	Visit Esketamine 56M Or Less	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.105	Esketamine Nasal Spray	_	4/15/2021
G2082	Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.105	Esketamine Nasal Spray	08/01/2021	_
G2083	Visit Esketamine > 56M	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.105	Esketamine Nasal Spray		4/15/2021
G2083	Visit esketamine > 56m	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.105	Esketamine Nasal Spray	08/01/2021	
G8395	Lvef>=40% Doc Normal Or Mild	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			-
G8396	Lvef Not Performed	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	_	-
G8397	Dil Macula/Fundus Exam/W Doc	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	-	-
G8399	Pt W/Dxa Results Document	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	-	-
G8400	Pt W/Dxa No Results Doc	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8400		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Low Externity Neur Exam Docum	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8405	Low Externity Neur Not Perfor	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8410	Eval On Foot Documented	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8415	Eval On Foot Not Performed	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8416	Pt Inelig Footwear Evaluatio	review.	-	-	-	-
G8417	Calc Bmi Abv Up Param F/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8418	Calc Bmi Blw Low Param F/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8419	Calc Bmi Out Nrm Param Nof/U	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8420	Calc Bmi Norm Parameters	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8421	Bmi Not Calculated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8422	Pt Inelig Bmi Calculation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	12/31/2021
G8427	Docrev Cur Meds By Elig Clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8428	Cur Meds Not Document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	-	-
G8430	Doc Med Rsn No Medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	_	-
G8431	Pos Clin Depres Scrn F/U Doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	2 _	-	_	_
G8432	Dep Scr Not Doc Rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	_	_	_
G8433	Scr For Dep Not Cpt Doc Rsn	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	_	_
G8450	Beta-Bloc Rx Pt W/Abn Lvef	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			
G8451	Pt W/Abn Lvef Inelig B-Bloc	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2			-
G8452	Pt W/Abn Lvef B-Bloc No Rx	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	2	-	-	-
G8465	High Risk Recurrence Pro Ca	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8465 G8473	Ace/Arb Thxpy Rx?D	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	-	-	-	-
G8474	Ace/Arb Not Rx'D; Doc Reas	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8475	Ace/Arb Thxpy Not Rx?D	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8476	Bp Sys <140 And Dias <90	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G8477	Bp Sys>=140 And/Or Dias >=90	review.	-	-	-	-
G8478	Bp Not Performed/Doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8482	Flu Immunize Order/Admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G8483	Flu Imm No Admin Doc Rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-

G8484	Flu Immunize No Admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9012	Other Specified Case Mgmt	Unliste: Procedure/service not specifically defined or classified, may be subject to	-	_
G9050	Oncology Work-Up Evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9051	Oncology Tx Decision-Mgmt	review		_
		review. —	-	-
G9052	Onc Surveillance For Disease	review.	-	-
G9053	Onc Expectant Management Pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9054	Onc Supervision Palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9055	Onc Visit Unspecified Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
03033	one visit onspecified was	Unlisted: Procedure/service not specifically defined or classified	-	-
G9056	Onc Prac Mgmt Adheres Guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9057	Onc Pract Mgmt Differs Trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
G9058	Onc Prac Mgmt Disagree W/Gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G9059	Onc Prac Mgmt Pt Opt Alterna	review		_
		review. —	-	-
G9060	Onc Prac Mgmt Dif Pt Comorb	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9061	Onc Prac Cond Noadd By Guide	review.	-	-
G9062	Onc Prac Guide Differs Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9063	Onc Dx Nsclc Stgi No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	_
G9064	Onc Dx Nsclc Stg2 No Progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9065	One Dy Nicele Str2A No Progra	review. – – – – Non-Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-
	Onc Dx Nsclc Stg3A No Progre	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9066	Onc Dx Nsclc Stg3B-4 Metasta	review.	-	-
G9067	Onc Dx Nsclc Dx Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
G9068	Onc Dx Sclc/Nsclc Limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9069	Onc Dx Scic/Nscic Ext At Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9070	Onc Dx Sclc/Nsclc Ext Unknwn	review		_
		review. —	-	-
G9071	Onc Dx Brst Stg1-2B Hr Nopro	review.	-	-
G9072	Onc Dx Brst Stg1-2 Noprogres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
G9073	Onc Dx Brst Stg3-Hr No Pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9074	Onc Dx Brst Stg3-Noprogress	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
G9075	Onc Dx Brst Metastic/ Recur	Levere. 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	-	-
G9077	Onc Dx Prostate T1No Progres	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9078	Onc Dx Prostate T2No Progres	review.	-	-
G9079	Onc Dx Prostate T3B-T4Noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9080	Onc Dx Prostate W/Rise Psa	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-	_
G9083	Onc Dx Prostate Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G9084	Onc Dx Colon T1-3 N1-2 No Pr	review	-	-
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9085	Onc Dx Colon T4 N0 W/O Prog	review.	-	-
G9086	Onc Dx Colon T1-4 No Dx Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9087	Onc Dx Colon Metas Evid Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
G9088	Onc Dx Colon Metas Noevid Dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9089	Onc Dx Colon Extent Unknown	review		_
		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9090	Onc Dx Rectal T1-2 No Progr	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9091	Onc Dx Rectal T3 N0 No Prog	review.	-	-
G9092	Onc Dx Rectal T1-3 N1-2Noprg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9093	Onc Dx Rectal T4 N M0 No Prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9094	Onc Dx Rectal M1 W/Mets Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9095	Onc Dx Rectal Extent Unknwn	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	-	-
G9096	Onc Dx Esophag T1-T3 Noprog	review.	-	-
G9097	Onc Dx Esophageal T4 No Prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
G9098	Onc Dx Esophageal Mets Recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9099	Onc Dx Esophageal Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
G9100	Onc Dx Gastric No Recurrence	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
	Onc Dx Gastric P R1-R2Noprog	review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9101		review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9102	Onc Dx Gastric Unresectable	review.	-	-
G9103	Onc Dx Gastric Recurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9104	Onc Dx Gastric Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9105	Onc Dx Pancreatc P R0 Res No	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		
G9106	Onc Dx Pancreatc P R1/R2 No	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	-	-
G9107	Onc Dx Pancreatic Unresectab	review.	-	-
G9108	Onc Dx Pancreatic Unknwn Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
G9109	Onc Dx Head/Neck T1-T2No Prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-
G9110	Onc Dx Head/Neck T3-4 Noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_
		review. – – –		

G9111	Onc Dx Head/Neck M1 Mets Rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9112	Onc Dx Head/Neck Ext Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_	_
G9113	Onc Dx Ovarian Stg1A-B No Pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_	-
G9114	Onc Dx Ovarian Stg1A-B Or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_		_	_
G9115	Onc Dx Ovarian Stg3/4 Noprog	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
G9116	Onc Dx Ovarian Recurrence	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9117	Onc Dx Ovarian Unknown Nos	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	-	-	-	-
G9123	Onc Dx Cml Chronic Phase	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9124	Onc Dx Cml Acceler Phase	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9125	Onc Dx Cml Blast Phase	review.	-	-	-	-
G9126	Onc Dx Cml Remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9128	Onc Dx Multi Myeloma Stage I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9129	Onc Dx Mult Myeloma Stg2 Hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9130	Onc Dx Multi Myeloma Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9131	Onc Dx Brst Unknown Nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-	-
G9132	Onc Dx Prostate Mets No Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_	_
G9133	Onc Dx Prostate Clinical Met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
G9134	Onc Nhistg 1-2 No Relap No	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9135	Onc Dx Nhl Stg 3-4 Not Relap	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	-	-	-	-
G9136	Onc Dx Nhl Trans To Lg Bcell	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
G9137	Onc Dx Nhl Relapse/Refractor	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9138	Onc Dx Nhl Stg Unknown	review.	-	-	-	-
G9139	Onc Dx Cml Dx Status Unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9140	Frontier Extended Stay Demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
G9147	Outpatient Intravenous Insulin Treatment (Oivit) Either Pulsatile Or Continuous, By Any Means, Guided By The Results Of Measurements For:Respiratory Quotient; And/Or, Urine Urea Nitrogen (Uun); And/Or, Arterial, Venous Or Capillary Glucose; And/Or Potassium Concentration	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED201.028	Intermittent Intravenous Insulin Therapy	-	-
G9978	Remote E/M New Pt 10Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_	_
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
G9980	Remote E/M New Pt 30 Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_		_	_
G9981	Remote E/M New Pt 45Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9982	Remote E/M New Pt 60Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
G9983	Remote E/M Est. Pt 10Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9983		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Remote E/M Est. Pt 15Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9985	Remote E/M Est. Pt 25Mins	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
G9986	Remote E/M Est. Pt 40Mins	review.	-	-	-	-
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
H0046	Mental Health Service Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	<u> </u>	-	-
H0047	Alcohol/Drug Abuse Svc Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J0121	Inj. Omadacycline 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Retired 2019	_
J0122	Inj. Eravacycline 1 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	#N/A	#N/A	Retired 2019	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.113	Abatacept		
J0129	Abatacept Injection	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J0172	Inj Aducanumab-Avwa 2 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.137	Aducanumab-avwa	1/1/2022	-
J0180	Agalsidase Beta Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J0202	Injection Alemtuzumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.077	Alemtuzumab	-	-
J0219	Inj Aval Alfa-Nqpt 4Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	2022-04-01	-
J0220	Alglucosidase Alfa Injection	MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	-	-
J0221	Injection Alglucosidase Alfa (Lumizyme) 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J0222	Inj. Patisiran 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpattro)	-	-
J0223	Inj Givosiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	_	_
J0224	Inj. Lumasiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.096	Specialty Medication Administration site of Care	2021-07-01	_
J0256	Alpha 1 Proteinase Inhibitor	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				-
J0291	Inj. Plazomicin 5 Mg	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- #N/A	- mn/A	- Retired 2019	
	,	predetermination to avoid post-service review.		Belimumab		-
J0490	Injection, Belimumab, 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.096	Specialty Medication Administration Site of Care	-	-
J0491	Inj Anifrolumab-Fnia 1Mg	predetermination to avoid post-service review.	RX501.138	Anifrolumab-fnia	2022-04-01	-

J0517	Inj. Benralizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	-	-
J0565	Inj Bezlotoxumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	2 RX501.093	Bezlotoxumab	-	-
J0567	Inj. Cerliponase Alfa 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	² RX501.092	Cerliponase alfa	-	-
J0584	Injection Burosumab-Twza 1M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	-	-
J0586	Abobotulinumtoxina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.019 MED201.014	Botulinum Toxin	_	_
J0587	Inj Rimabotulinumtoxinb	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	e RX501.019	Treatment of Hyperhidrosis Botulinum Toxin		
J0588	Injection, Incobotulinumtoxin A, 1 Unit	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	MED201.014 2 RX501.019	Treatment of Hyperhidrosis Botulinum Toxin	-	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.014	Treatment of Hyperhidrosis	-	-
J0593	Inj. Lanadelumab-Flyo 1 Mg	predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J0598	C-1 Esterase Cinryze	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	-	-
J0638	Canakinumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	-	-
J0717	Certolizumab Pegol Inj 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	-	-
J0775	Collagenase Clost Hist Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	-	-
J0791	Inj Crizanlizumab-Tmca 5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	3/1/2021	-
J0800	Corticotropin Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Retired 2019	_
J0881	Darbepoetin Alfa Non-Esrd	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	² RX501.069	Erythropolesis-Stimulating Agents (ESAs)	-	-
J0885	Epoetin Alfa Non-Esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	_	12/31/2021
J0888	Epoetin Beta Non Esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.069	Erythropolesis-Stimulating Agents (ESAs)		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require				
J0896	Inj luspatercept-aamt 0.25mg	Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA lis	t
J1096	Dexametha Opth Insert 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.024	Intravitreal, Punctum, and Intracameral Implants	-	6/30/2022
J1097	Phenylep Ketorolac Opth Soln	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J1290	Ecallantide Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	-	-
J1300	Eculizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Eculizumab Specialty Medication Administration Site of Care	-	-
J1301	Injection Edaravone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.095 RX501.096	Edaravone Specialty Medication Administration Site of Care	-	-
J1303	Inj. Ravulizumab-Cwvz 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.107 RX501.096	Ravulizumab-cwvz Specialty Medication Administration Site of Care	_	_
J1305	Inj evinacumab-dgnb 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.136	Evinacumab-dgnb	10/1/2021	
J1306	Injection inclisiran 1 mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.142	Inclisiran	7/1/2022	_
J1322	Elosulfase Alfa Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J1325	Epoprostenol Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	_	_
J1426	Injection casimersen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.135	Casimersen	10/1/2021	
J1427	Vitolarsen, 10 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.129	Viltolarsen	5/1/2021	
J1427	Inj Eteplirsen 10 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Eteplirsen	5/1/2021	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				
J1429	Inj Golodirsen 10 Mg	predetermination to avoid post-service review.	RX501.122	Golodirsen	-	-
J1458	Galsulfase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lyösömal Storage Disorders Specialty Medication Administration Site of Care	-	-
J1459	Inj Ivig Privigen 500 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1551	Inj cutaquig 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	7/1/2022	_
J1554	Injection, Immune Globulin (Asceniv),	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	4/1/2021	_
J1555	500Mg Inj Cuvitru 100 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Immunoglobulin (lg) Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care	_	11/30/2022
J1556	Inj Imm Glob Bivigam 500Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (lg) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	_	11/30/2022
J1557	Injection, Immune Globulin, (Gammaplex), Intravenous, Non- Lyophilized (E.G. Liquid), 500 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	e RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	_	11/30/2022
J1558	Inj. Xembify 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	2 RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Separately Medication Administration Start Com	_	11/30/2022
J1559	Hizentra Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	_	11/30/2022
J1561	Gamunex-C/Gammaked	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract areement.	2 RX504.003 RX501.096	Immunoglobulin (lg) Therapy (including Intravenous [IVIG] and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care	-	11/30/2022
J1561 J1562	Gamunex-C/Gammaked Vivaglobin Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	11/30/2022

J1566	Immune Globulin Powder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1568	Octagam Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1569	Gammagard Liquid Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1572	Flebogamma Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1575	Hyqvia 100Mg Immuneglobulin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	-	11/30/2022
J1599	lvig Non-Lyophilized Nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	-	11/30/2022
J1602	Golimumab For Iv Use 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	-	-
J1632	Inj. Brexanolone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.106	Brexanolone for Postpartum Depression	_	
J1729	Inj Hydroxyprogst Capoat Nos	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
J1743	Idursulfase Injection	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Enzyme-Replacement Therapy for Lysosomal Storage Disorders	_	-
J1745	Infliximab Not Biosimil 10Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 THE801.028 RX501.051	Specialty Medication Administration Site of Care Acne Management Infiliantia and Associated Biosimilars		
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Initialities and Associated electrimets Specialty Medication Administration Site of Care Ibalizumab-uiyk	-	-
J1746	Inj. Ibalizumab-Uiyk 10 Mg	Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J1786	Imuglucerase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J1823	Inj. Inebilizumab-Cdon 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.127	Inebilizumab-cdon	3/1/2021	-
J1931	Laronidase Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J1943	Inj. Aristada Initio 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	_
J1944	Aripirazole Lauroxil 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Retired 2019	_
J1951	Inj Fensolvi 0.25 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	2021-07-01	
J2182	Injection Mepolizumab 1Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Mepolizumab Specialty Medication Administration Site of Care	_	-
J2278	Ziconotide Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Ziconotide	_	_
J2323	Natalizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	_	10/1/2022
J2326	Inj Nusinersen 0.1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.086	Nusinersen	-	10/15/2022
J2350	Injection Ocrelizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	-	-
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.143	Tezepelumab-ekko	7/1/2022	-
J2357	Omalizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	-	-
J2440	Papaverin Hcl Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.030	Sexual Dysfunctions, Assessment and Treatment	_	_
J2502	Inj Pasireotide Long Acting	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.079	Pasireotide		
J2503	Pegaptanib Sodium Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		-
J2507	Injection Pegloticase 1 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.120	Pegloticase	-	
J2562	Plerixafor Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096 RX502.061	Specialty Medication Administration Site of Care Oncology Medications		12/31/2021
J2778	Ranibizumab Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		
J2779	Inj susvimo 0.1 mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.041 OTH903.041	Ranibizumab Injections, Implants and Biosimilars Ranibizumab Injections, Implants and Biosimilars	7/1/2022	
J2786	Injection Reslizumab 1Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Resilizanab injectoris, inipantis encenssimilaris Resilizanab Speciality Medication Administration Site of Care	-	-
13.707		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for				c/20/2000
J2787	Riboflavin 5'Phos Opth<=3MI	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.028	Corneal Collagen Cross-Linking	-	6/30/2022
J2798 J2840	Inj. Perseris 0.5 Mg	predetermination to avoid post-service review. MP Criteria: Procedure/service review.	#N/A RX501.067	#N/A Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Retired 2019	-
	Inj Sebelipase Alfa 1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX501.096	Specialty Medication Administration Site of Care	-	-
J2860	Injection Siltuximab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Oncology Medications	Moved to PA list	t _
J3031	Inj. Fremanezumab-Vfrm 1 Mg	predetermination to avoid post-service review.	#N/A	#N/A Eptinezumab-ijmr	Retired 2019	-
J3032	Inj. Eptinezumab-Jjmr 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Specialty Medication Administration Site of Care	-	-
J3060	Inj Taliglucerace Alfa 10 U	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lycosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J3111	Inj. Romosozumab-Aqqg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	#N/A	#N/A	Retired 2019	-
J3121	Inj Testostero Enanthate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	-	-
J3145	Testosterone Undecanoate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	_	_
J3241	Inj. Teprotumumab-Trbw 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Specialty Medication Administration Site of Care Teprotumumab	-	-

J3245	Inj. Tildrakizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tildrakizumab-asmn	-	-
J3262	Tocilizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.115	Specialty Medication Administration Site of Care Tocilizumab	-	-
J3285	Treprostinil Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	-	-
J3301	Triamcinolone Acet Inj Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	5/4/2021
J3315	Triptorelin Pamoate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	12/31/2021
J3316	Inj. Triptorelin Xr 3.75 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.041 RX501.040	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Human Growth Hormone (GH)	_	_
J3358	Ustekinumab Iv Inject 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Specialty Medication Administration Site of Care Ustekinumab	-	-
J3380	Injection Vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	-	-
J3385	Velaglucerase Alfa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	_	_
J3396	Verteporfin Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	_	6/30/2022
J3397	Inj. Vestronidase Alfa-Vjbk	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	-	-
J3398	Inj Luxturna 1 Billion Vec G	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Gene Therapy for Inherited Retinal Dystrophy	_	_
13399	Inj Onase Abepar-Xioi Treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.104	Onasemnogene Abeparvovec-xioi	_	_
J3490	Drugs Unclassified Injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	MED206.001 RKS01.135 RKS01.063 SUR716.001 RKS01.141 RKS01.067 RKS01.067 RKS01.087 RKS01.080 SUR706.001 RKS01.080 SUR706.001 RKS01.086 RKS01.085 RKS01.104 RKS01.139 RKS01.139 RKS02.030 MED206.006	Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Effartiginod 13a 1-cab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Exetamine Nasal Spray FDA-Approved Drugs and Biologicais Human Growth Hormone (GH) Immunoglobulin (tg) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Mepolizumab Nasal and Sinus Surgery Nusinersen Ocrelizumab Oraelemogene Abeparvovec-xioi Rethymic Ritukamba and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veklury Vititolarsen	-	-
J3520	Edetate Disodium Per 150 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	THE801.008	Chelation Therapy	-	-
J3570	Laetrile Amygdalin Vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
			RX501.135 RX501.073	Casimersen Clostridial Collagenase for Fibroproliferative Disorders		
13590	Unclassified Biologics	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX501.063 RX501.141 RX501.067 RX501.087 RX504.003 RX501.087 RX501.080 RX501.085 RX501.104 RX501.104 RX501.139	Compounded Drug Products Efgartiginod alfa-fcab Ergyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin ([0] Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Inflüimab and Associated Biosimilars Mepolizumab Oraelizumab Oraelizumab Corelizumab Rethymic	-	-
			RX501.063 RX501.141 RX501.067 RX501.087 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104	Compounded Drug Products Efgartigimod alfa-fcab Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Inflixinab and Associated Biosimiliars Mepolizumab Ocrelizumab	-	-
J3591	Esrd On Dialysi Drug/Bio Noc	contract/clinical review. May require PA per contract agreement.	RX501.063 RX501.141 RX501.067 RX501.067 RX501.087 RX501.051 RX501.051 RX501.085 RX501.085 RX501.104 RX501.139 RX501.129 -	Compounded Drug Products Efgartigimod alfa-fcab Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG)) Infliximab and Associated Biosimilars Megolizumab Ocrelizumab Ocrelizumab Consemnogene Abeparvovec-xioi Rethymic -	-	-
		contract/clinical review. May require PA per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Citeria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RXS01063 RX501141 RX501067 RX501087 RX501087 RX501080 RX501080 RX501085 RX501108 RX5011129 - RX501172	Compounded Drug Products Efgartigimod alfa-fcab Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars Megolizumab Ocrelizumab Onasemogene Abeparvovec-xioi Rethymic	-	-
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J3591 J7177 J7178 J7192 J7195 J7199 J7309 J7316 J7351 J7401 J7402	Esrd On Dialysi Drug/Bio Noc Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor IV Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100Ml Inj Bimatoprost Ite Imp1Mcg Mometasone Furoate Sinus Imp	contract/clinical review. May require PA per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement. Unlisted: Procedure/service reviewed against Medical Policy Criteria, nay require Prior: Authorization per contract agreement. Unlisted: Procedure/service reviewed against Medical Policy Criteria, nay require Prior: Authorization per contract agreement. Unlisted: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not specifically defined or Classified, may be subject to contract/Minical review. Unlisted: Procedure/service not specifically defined or Classified, may be subject to contract	RXS01063 RXS01141 RXS011067 RXS01087 RXS01087 RXS01081 RXS01091 RXS011092 - RXS01072 RXS01072 - RXS01072 - RXS01072 - RXS01072	Compounded Drug Products Efgritgined affa-facb Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin (git Theray (Indufing Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Infliximab and Associated Biosimilars Mepolizumab Orerlizumab Orerlizumab Orerlizumab Orerlizumab Intravenee - - Human Fibrinogen Concentrate (RiaSTAP and Fibryga) - Human Fibrinogen Concentrate (RiaSTAP and Fibryga) - - - Dermatologic Applications of Photodynamic Therapy (PDT) Intravitreal, Punctum, and Intracameral Implants Corplasmin for Symptomatic Vitreomacular Adhesion Intravitreal, Punctum, and Intracameral Implants Intravitreal, Punctum, and Intracameral Implants	- - - - - - - - - - - - - - - - - - -	- - 6/30/2022
J3591 J7177 J7178 J7178 J7178 J7192 J7309 J7314 J7316 J7351 J7402 J7599	Esrd On Dialysi Drug/Bio Noc Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Vii Recombinant Nos Factor IV Recombinant Nos Factor IV Recombinant Nos Factor IV Recombinant Nos Ing Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100Ml Inj Bimatoprost Itc Imp1Mcg Mometasone Furoate Sinus Imp Mometasone Sinus Sinuva	contract/clinical review. May require PA per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetemination to avoid post-service reviewed aga	RXS01063 RXS011067 RXS011067 RXS010067 RXS01007 RXS010051 RXS010051 RXS01002 RXS01072 RXS01027 RXS01027 RXS01027 RXS01027 RXS01028 RXS0103 RXS0103 RXS0103	Compounded Drug Products Effyrtigtion dafa f-faab Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA Approved Drugs and Biologicals Immunoglobulin (git Therayy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Intiliumab and Associated Biosimiliars Mepolizumab Ocrelizumab Onasennogene Abeparvove-stoi Rethymic Lithalesen - - Human Fibrinogen Concentrate (RiaSTAP and Fibryga) - - - - Dermatologic Applications of Photodynamic Therapy (PDT) Intravitreal, Punctum, and Intracameral Implants Corciplasmin for Symptomatic Vitreomacular Adhesion Litovadopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease. # # //A Nasal and Sinus Surgery -	- - - - - - - - - - - - - -	- - 6/30/2022
J3591 J7177 J7178 J7178 J7192 J7195 J7199 J7309 J7314 J7351 J7401 J7599 J7599 J7604	Esrd On Dialysi Drug/Bio Noc Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor Viii Recombinant Nos Factor IV Recombinant Nos Factor IV Recombinant Nos Hemophilia Clot Factor Noc Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100Ml Inj Bimatoprost Ite Imp1Mcg Mometasone Furoate Sinus Imp Mometasone Sinus Sinuva Immunosuppressive Drug Noc	contract/clinical review. May require PA per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	RXS01063 RXS011067 RXS01067 RXS01087 RXS01087 RXS01085 RXS01085 RXS01072 - RXS01072 RXS01072 - RXS01072 - RXS01072 - 1 - 0114903.024 0114903.024 9014	Compounded Drug Products Efgritgmion diafra-facha Enzyme-Replacement Therapy for Lysosomal Storage Disorders FDA-Approved Drugs and Biologicals Immunoglobulin (git Therapy (Indufing Intravenous (IVIG) and Subcutaneous ig (SCIG)) Infliximab and Associated Biosimiliars Mepolizumab Ocrelizumab Oreizumab Oreizumab Danasemnogene Abeparvove-xioi Rethymic - - - Human Fibrinogen Concentrate (RiaSTAP and Fibryga) - - - - - - - - - - - - -	- - - - - - - - - - - - - -	- - 6/30/2022
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J3591 J7177 J7178 J7178 J7192 J7193 J7309 J7314 J7315 J7401 J7402 J7599 J7607 J7609	Esrd On Dialysi Drug/Bio Noc Inj. Fibryga 1 Mg Inj Human Fibrinogen Con Nos Factor VII Recombinant Nos Factor XII Recombinant Nos Factor IX Recombinant Nos Factor IX Recombinant Nos Indethyl Aminolevulinate Top Methyl Aminolevulinate Top Inj. Yutiq 0.01 Mg Inj Ocriplasmin 0.125 Mg Carbidopa Levodopa Ent 100Ml Inj Bimatoprost Itc Imp1Mcg Mometasone Sinus Sinuva Immunosuppressive Drug Noc Acetylcysteine Comp Unit Levalbuterol Comp Con	contract/clinical review. May require PA per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require trior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	RXS01063 RXS011067 RXS01067 RXS01085 RXS01007 RXS01003 RXS01003 RXS01003 RXS01003 RXS01003 RXS01003 RXS01003 RXS01003	Compounded Drug Products Effortigmen affor-face Enzyme-Replacement Therapy for Lysosomal Storage Disorders PDA Approved Drugs and Biologicals Immunoglobulin (git Therayy (including intravenous (IVIG) and Subcutaneous ig (SCIG)) Infliamab and Associated Biosimiliars Mepolizumab Ocrelizumab Orensiumab Negolizumab Amane Fibrinogen Abeparvover-stoi Rethymic Litratesen - - Human Fibrinogen Concentrate (RiaSTAP and Fibryga) - Muman Fibrinogen Concentrate (RiaSTAP and Fibryga) - - Centration - Centrat	- - - - - - - - - - - - - -	- - 6/30/2022

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
J7622	Beclomethasone Comp Unit		RX501.063	Compounded Drug Products	-	-
J7624	Betamethasone Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	-
J7627	Budesonide Comp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
J7628	Bitolterol Mesylate Comp Con	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		_
J7629	Bitolterol Mesylate Comp Unt	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
J7632		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Compounded Drug Products	-	-
	Cromolyn Sodium Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
J7634	Budesonide Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063	Compounded Drug Products	-	-
J7635	Atropine Comp Con	review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063	Compounded Drug Products	-	-
J7636	Atropine Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7637	Dexamethasone Comp Con	Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7638	Dexamethasone Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7640	Formoterol Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7641	Flunisolide Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	-	_
J7642	Glycopyrrolate Comp Con		RX501.063	Compounded Drug Products	_	-
J7643	Glycopyrrolate Comp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
J7645	Ipratropium Bromide Comp	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Compounded Drug Products		
J7647	<u> </u>	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
	Isoetharine Comp Con	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Compounded Drug Products	-	-
J7650	Isoetharine Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063	Compounded Drug Products	-	-
J7657	Isoproterenol Comp Con	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.063	Compounded Drug Products	-	-
J7660	Isoproterenol Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7667	Metaproterenol Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7670	Metaproterenol Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7676	Pentamidine Comp Unit Dose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7680	Terbutaline Sulf Comp Con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.063	Compounded Drug Products	-	-
J7681	Terbutaline Sulf Comp Unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
J7683	Triamcinolone Comp Con	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products	_	_
J7684	Triamcinolone Comp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	RX501.063	Compounded Drug Products		
J7685	Takramusia Camp Unit	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	BYE01.052	Community of Device Device Section		
	Tobramycin Comp Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlitted: Percedura/conico not consilically defined or classified, may be subject to	RX501.063	Compounded Drug Products	-	-
J7699	Inhalation Solution For Dme	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J7799	Non-Inhalation Drug For Dme	Contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
J7999	Compounded Drug Noc	contract/clinical review.	-	-	-	-
J8498	Antiemetic Rectal/Supp Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J8499	Oral Prescrip Drug Non Chemo	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J8597	Antiemetic Drug Oral Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
18999	Oral Prescription Drug Chemo	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J9020	Asparaginase Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
J9022	Inj Atezolizumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	10/10/2021
J9023	Injection Avelumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	10/10/2021
J9032	Injection Belinostat 10Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	_	12/31/2021
J9035	Bevacizumab Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	OTH903.020 OTH903.015	Bevacizumab for Ophthalmological Indications Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	-	12/31/2021
J9037	Injection, Belantamab Mafodontin-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	Moved to PA list	t _
19039	Blmg, 0.5Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	t _
J9043	Injection Cabazitaxel 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	_	10/10/2021
J9044	Inj Bortezomib Nos 0.1 Mg	Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		_	_
		contract/clinical review.				

J9047	Injection Carfilzomib 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	-	10/10/2021
J9057	Inj. Copanlisib 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	-
J9118	Inj. Calaspargase Pegol-Mknl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	#N/A	#N/A	Retired 2019	-
J9119	Inj. Cemiplimab-Rwlc 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	Moved to PA list	-
J9144	Daratumumab Hyaluronidase	Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	Moved to PA list	10/10/2021
J9145	Injection Daratumumab 10 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	_	10/10/2021
J9153	Inj Daunorubicin Cytarabine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	Moved to PA list	12/31/2021
J9155		Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require			Moved to PA list	
	Degarelix Injection	Prior Authorization per contract agreement. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require		Oncology Medications	woved to FA list	
J9173 J9176	Inj. Durvalumab 10 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Oncology Medications Oncology Medications	-	10/10/2021
J9177	Inj Enfort Vedo-Ejfv 0.25Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Oncology Medications	- Moved to PA list	
J9203	Gemtuzumab Ozogamicin 0.1 Mg	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	-
J9204	Inj Mogamulizumab-Kpkc 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	10/10/2021
J9205	Inj Irinotecan Liposome 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	10/10/2021
J9210	Inj. Emapalumab-Lzsg 1 Mg		#N/A	#N/A	Retired 2019	-
J9219	Leuprolide Acetate Implant	MP Criteria: Procedure/Service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Moved to PA list	12/31/2021
J9223	Inj. Lurbinectedin 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	10/10/2021
J9225	Vantas Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	12/31/2021
J9226	Supprelin La Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Moved to PA list	12/31/2021
J9227	Inj. Isatuximab-Irfc 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	10/10/2021
J9228	Injection Ipilimumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	-	10/10/2021
J9229	Inj Inotuzumab Ozogam 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	-
J9264	Paclitaxel Protein Bound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	-	10/10/2021
J9269	Inj. Tagraxofusp-Erzs 10 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	10/10/2021
J9271	Inj Pembrolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	-	10/10/2021
J9281	Mitomycin Instillation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	10/10/2021
		No. Council Broad and a standard back and back a				
J9285	Inj Olaratumab 10 Mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	5/15/2021	-
J9285 J9295	Inj Olaratumab 10 Mg	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	- RX502.061	- Oncology Medications	5/15/2021	- 12/31/2021
		review.		- Oncology Medications Oncology Medications	5/15/2021 - -	- 12/31/2021 10/10/2021
J9295	Injection Necitumumab 1 Mg	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061		5/15/2021 - -	
J9295 J9299	Injection Necitumumab 1 Mg	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061 RX502.061	Oncology Medications	5/15/2021 - - -	10/10/2021
J9295 J9299 J9301	Injection Necitumumab 1 Mg Injection Nivolumab Obinutuzumab Inj	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061 RX502.061 RX502.061	Oncology Medications Oncology Medications	5/15/2021 - - - - -	10/10/2021
J9295 J9299 J9301 J9306	Injection Necitumumab 1 Mg Injection Nivolumab Obinutuzumab Inj Injection Pertuzumab 1 Mg Injection Ramucirumab	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061 RX502.061 RX502.061 RX502.061	Oncology Medications Oncology Medications Oncology Medications Oncology Medications	-	10/10/2021 10/10/2021 10/10/2021 10/10/2021
19295 19299 19301 19306 19308 19309	Injection Necitumumab 1 Mg Injection Nivolumab Obinutuzumab Inj Injection Pertuzumab 1 Mg Injection Ramucirumab Inj Polatuzumab Vedotin 1Mg	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061 RX502.061 RX502.061 RX502.061 RX502.061	Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications	5/15/2021 Moved to PA list	10/10/2021 10/10/2021 10/10/2021 10/10/2021
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J9295 J9299 J9301 J9306 J9308 J9309 J9311	Injection Necltumumab 1 Mg Injection Nivolumab Obinutuzumab Inj Injection Pertuzumab 1 Mg Injection Ramucirumab Inj Polatuzumab Vedotin 1Mg Inj Rituximab Hyaluronidase	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061	Oncology Medications	-	10/10/2021 10/10/2021 10/10/2021 - 12/31/2021 12/31/2021
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J9295 J9299 J9301 J9306 J9308 J9309 J9309 J9311 J9312 J9313 J9316	Injection Necitumumab 1 Mg Injection Nivolumab Obinutuzumab Inj Injection Pertuzumab 1 Mg Injection Ramucirumab Inj Polatuzumab Vedotin 1Mg Inj Polatuzumab Vedotin 1Mg Inj Rituximab Hyaluronidase Inj. Rituximab 10 Mg Inj. Lumoxiti 0.01 Mg Inj. Lumoxiti 0.01 Mg And Hyaluronidase-Zxf, Per 10 Mg	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria,	RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061	Oncology Medications	Moved to PA list - Moved to PA list Moved to PA list	10/10/2021 10/10/2021 10/10/2021 - 12/31/2021 12/31/2021 - 10/10/2021
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19295 19299 19301 19308 19309 19309 19311 19312 19313 19314 19315 19352 19354 19358 19584 19599	Injection Necitumumab 1 Mg Injection Nivolumab Obinutuzumab Inj Injection Pertuzumab 1 Mg Injection Ramucirumab Inj Polatuzumab Vedotin 1Mg Inj Polatuzumab Vedotin 1Mg Inj Rituximab 10 Mg Inj, Lumoxiti 0.01 Mg Inj, Lumoxiti 0.01 Mg Injection, Pertuzumab, Trastuzumab, And Haluronidase-2xd, Per 10 Mg Sacituzumab Govitecan-Hziy Inj ramore Laherparepuece Inj efgartigimod 2mg Injection, Tafastamab-Cxik, 2Mg Injection, Tafastamab-Cxik, 2Mg Inj Fam-Trastu Deru-Niki 1Mg Porfimer Sodium Injection	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorizatio	RX502.061	Oncology Medications Oncology Medications	- - - - - - - - - - - - - - - - - - -	10/10/2021 10/10/2021 10/10/2021 - 12/31/2021 12/31/2021 - 10/10/2021 - - - - - - - - - - - - -
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K0013	Custom Power Whichr Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0014	Other Power Whichr Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0053	Elevate Footrest Articulate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0065	Spoke Protectors	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K04.00		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.				
K0108	W/C Component-Accessory Nos	contract/clinical review.	DME101.010	Wheelchairs and Accessories	-	-
K0455	Pump Uninterrupted Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	-	-
ко800	Pov Group 1 Std Up To 300Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0801	Pov Group 1 Hd 301-450 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0802	Pov Group 1 Vhd 451-600 Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0806	Pov Group 2 Std Up To 300Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0807		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010		-	-
	Pov Group 2 Hd 301-450 Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Wheelchairs and Accessories	-	-
K0808	Pov Group 2 Vhd 451-600 Lbs	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Criteria.	DME101.010	Wheelchairs and Accessories	-	-
K0812	Power Operated Vehicle Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to	DME101.010	Wheelchairs and Accessories	-	-
K0813	Pwc Gp 1 Std Port Seat/Back	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0814		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
	Pwc Gp 1 Std Port Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0815	Pwc Gp 1 Std Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0816	Pwc Gp 1 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
ко820	Pwc Gp 2 Std Port Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0821	Pwc Gp 2 Std Port Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0822	Pwc Gp 2 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0823	Pwc Gp 2 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
K0824	Pwc Gp 2 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
к0825	Pwc Gp 2 Hd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0826	Pwc Gp 2 Vhd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0827	Pwc Gp Vhd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0828	Pwc Gp 2 Xtra Hd Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0829	Pwc Gp 2 Xtra Hd Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
ковзо	Pwc Gp2 Std Seat Elevate S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0831	Pwc Gp2 Std Seat Elevate Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
К0835	Pwc Gp2 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
K0836	Pwc Gp2 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		_
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheekhairs and Accessories	_	_
к0839		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
	Pwc Gp2 Vhd Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0841	Pwc Gp2 Std Mult Pow Opt S/B	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0842	Pwc Gp2 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0848	Pwc Gp 3 Std Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0849	Pwc Gp 3 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0850	Pwc Gp 3 Hd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0851	Pwc Gp 3 Hd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories		
K0852	Pwc Gp 3 Vhd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0853	Pwc Gp 3 Vhd Cap Chair	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0854	Pwc Gp 3 Xhd Seat/Back	predetermination to avoid post-service review. MP Criteria: Procedure/service review.	DME101.010	Wheelchairs and Accessories	-	-
K0855	Pwc Gp 3 Xhd Cap Chair	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0856	Pwc Gp3 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
К0857	Pwc Gp3 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0859	Pwc Gp3 Hd Sing Pow Opt Cap	MB Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	_
K0861	Pwc Gp3 Std Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			-	-
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	-	-
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service review.	DME101.010	Wheelchairs and Accessories	-	-
K0868	Pwc Gp 4 Std Seat/Back	predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0869	Pwc Gp 4 Std Cap Chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0870	Pwc Gp 4 Hd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0871	Pwc Gp 4 Vhd Seat/Back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
K0877	Pwc Gp4 Std Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	-
		production to avoid post service review.				

к0878	Pwc Gp4 Std Sing Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0879	Pwc Gp4 Hd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0880	Pwc Gp4 Vhd Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0884	Pwc Gp4 Std Mult Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0885	Pwc Gp4 Std Mult Pow Opt Cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	-	-
к0886	Pwc Gp4 Hd Mult Pow S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME101.010	Wheelchairs and Accessories	_	_
к0890	Pwc Gp5 Ped Sing Pow Opt S/B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
к0891	Pwc Gp5 Ped Mult Pow Opt S/B	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME101.010	Wheelchairs and Accessories	_	_
K0898	Power Wheelchair Noc	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
K0899	Pow Mobil Dev No Dmepdac	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- DME101.010	- Wheelchairs and Accessories	-	-
10055	Tow moon bev no binepade	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
К1002	Ces System W/Supplies Access	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR702.019	Cranial Electrotherapy Stimulation and Auricular Electrostimulation	-	-
к1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_	_
K1004	Lo Freq Us Diathermy Device	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	THE803 008	Non-Covered Physical Therapy Services		
12004	Lo freq os biatienny bevice	Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	1112003.008		-	-
К1007	Bil Hkaf Pc S/D Micro Sensor	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	DME103.008	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	3/1/2021	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
K1009	Speech Volume Modulation Sys	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	THE803.014	Speech-Language Therapy (SLT)	3/1/2021	-
к1018	Ext Up Limb Tremor Stim Wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				_
к1019	Monthly Supp Use With K1018	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2021-08-15	-
К1020	Non-Invasive Vagus Nerv Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR712.021	Vagus Nerve Stimulation (VNS)	2021-07-01	-
K1023		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUL reliate CCEOP8, which is non-of-aut of finited purport and Coding			1/1/2022	
K1023	Trans elec nerv periph nerv	Policy (CPCP).	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	1/1/2022	-
К1023	Trans elec nerv periph nerv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	MED201.040	Transcutaneous Electrical Stimulation (TENS) and Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)	10/1/2021	12/31/2021
к1024	Non pneum comp control cal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2022	_
****	New york and a state of the	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	ADM1001.032	Free days and here a straight and the Hamman Reservation of the straight	40/4/2024	42/24/2024
K1024	Non pneum comp control cal	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	10/1/2021	12/31/2021
К1025		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	1/1/2022	-
к1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid port-convice review	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	10/1/2021	12/31/2021
к1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	MED204.005	Diagnosis and Medical Management of Sleep Related Breathing Disorders	10/1/2021	_
к1030	Ext Recharge Bat Replacement	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED202.068	Cardiac Contractility Modulation (CCM) Device	2022-04-01	
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				-
К1031	Non Pneu Comp Control W/O Ca	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	-
к1032	Non Pneum Seq Comp Full Leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	_
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
К1033	Non Pneum Seq Comp Half Leg	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	ADM1001.032	Experimental, Investigational and/or Unproven Procedures/Services	2022-04-01	-
L0999	Add To Spinal Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_	_
L1499	Spinal Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	_	_	_
L1834	Ko W/0 Joint Rigid Molded To	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME103.002	Knee Braces	_	6/30/2022
L1840	Ko Derot Ant Cruciate Custom	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME103.002	Knee Braces	-	6/30/2022
11844	Ko W/Adj Jt Rot Cntrl Molded	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DMF103.002	Knee Branes	-	-//
L1846	Ko W Adj Flex/Ext Rotat Mold	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME103.002	Knee Braces	-	6/30/2022
		predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		Niee blades	-	0/30/2022
L2006	Kaf Sng/Dbl Swg/Stn Mcpr Cus	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
L2999	Lower Extremity Orthosis Nos	Contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
L3040	Ft Arch Suprt Premold Longit	review.	-	-	-	-
L3050	Foot Arch Supp Premold Metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
L3060	Foot Arch Supp Longitud/Meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
L3649	Orthopedic Shoe Modifica Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L3999	Upper Limb Orthosis Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
L5857	Elec Knee-Shin Swing Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	_	-
L5973	Ank-Foot Sys Dors-Plant Flex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	-	_
L5981	Flex-Walk Sys Low Ext Prosth	MP Criteria: Procedure/service review. MP criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	-	6/30/2022
L5999	Lowr Extremity Prosthes Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
L6026	Part Hand Myo Exclu Term Dev	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for we determine the net work of the review of the review of the review.	DME104.001	- Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	_	_
L6611	Additional Switch Ext Power	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis		-
16621		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001		-	- 6/30/2022
	Flex/Ext Wrist W/Wo Friction Electric Hand Switch Or Myolelectric	predetermination to avoid post-service review.	SWL104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	0/30/2022
L6880	Controlled Independently Articulating Digits Any Grasp Pattern Or Combination Of Grasp Patterns	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6882	Includes Motor(S) Microprocessor Control Uplmb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis		6/30/2022
L6920	Wrist Disarticul Switch Ctrl	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Every Limb Prosthesis	-	
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, including Mydelectric and Orhibic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6925	Wrist Disart Myoelectronic C	predetermination to avoid post-service review.			-	-

L6930	Below Elbow Switch Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6935	Below Elbow Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6940	Elbow Disarticulation Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6945	Elbow Disart Myoelectronic C	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6950	Above Elbow Switch Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	_	_
L6955	Above Elbow Myoelectronic Ct	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis		
L6960	Shldr Disartic Switch Contro	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6965		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001		-	-
	Shldr Disartic Myoelectronic	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6970	Interscapular-Thor Switch Ct	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L6975	Interscap-Thor Myoelectronic	predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7007	Adult Electric Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022
L7008	Pediatric Electric Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7009	Adult Electric Hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7040	Prehensile Actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7045	Pediatric Electric Hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	_
L7170	Electronic Elbow Hosmer Swit	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis		
L7180	Electronic Elbow Sequential	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7181	Electronic Elbo Simultaneous	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001		-	-
		predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7185	Electron Elbow Adolescent Sw	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7186	Electron Elbow Child Switch	predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7190	Elbow Adolescent Myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7191	Elbow Child Myoelectronic Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7259	Electronic Wrist Rotator Any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	6/30/2022
L7364	Twelve Volt Battery Utah/Equ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L7366	Battery Chrgr 12 Volt Utah/E	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	_
L7499	Upper Extremity Prosthes Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to	_		_	_
L8039	Breast Prosthesis Nos	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
L8048	Unspec Maxillofacial Prosth	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
L8499	Unlisted Misc Prosthetic Ser	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
L8604	Dextranomer/Hyaluronic Acid	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.022	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	-	-
L8605	Inj Bulking Agent Anal Canal	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR710.008	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	-	-
L8606	Synthetic Implnt Urinary 1MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	_	-
	· · · ·	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR710.022	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)	-	-
L8608	Arg li Ext Com/Sup/Acc Misc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR713.026	Retinal Prosthesis	-	-
L8612	Aqueous Shunt Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.034	Aqueous Shunts and Stents for Glaucoma	-	-
L8614	Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR714.004	Cochlear Implant		
		Prior Authorization per contract agreement.			-	-
L8615	Coch Implant Headset Replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8616	Coch Implant Microphone Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUP714 004	Cochlear Implant		
10017	countriplant mans con kepi	Prior Authorization per contract agreement.	301714.004		-	-
L8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	_	_
L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require				
L8621	Repl Zinc Air Battery	Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8622	Repl Alkaline Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR714.004	Cochlear Implant		
	· ·	Prior Authorization per contract agreement.		· · · · · · · · · · · · · · · · · · ·	-	-
L8623	Lith Ion Batt Cid Non-Earlvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require				
L8624	Lith Ion Batt Cid Ear Level	Prior Authorization per contract agreement.	SUR714.004	Cochlear Implant	-	-
L8627		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Cochlear Implant		
	Cid Ext Speech Process Repl		SUR/14.004			_
	Cid Ext Speech Process Repl	Prior Authorization per contract agreement.			-	
L8628	Cid Ext Speech Process Repl	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require		Cochlear Implant	_	-
		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004		-	-
L8628 L8629		Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	SUR714.004		-	-
L8629	Cid Ext Controller Repl Cid Transmit Coll And Cable	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004	Cochlear Implant Cochlear Implant	-	-
	Cid Ext Controller Repl	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004 SUR714.003	Cochlear Implant	- - -	-
L8629	Cid Ext Controller Repl Cid Transmit Coll And Cable	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004 SUR714.003	Cochlear Implant Cochlear Implant	-	-
L8629 L8690	Cid Ext Controller Repl Cid Transmit Coil And Cable Aud Osseo Dev Int/Ext Comp	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004 SUR714.003 SUR714.003	Cochlear Implant Cochlear Implant Implantable Bone-Conduction and Bone-Anchored Hearing Aids	-	-
L8629 L8690	Cid Ext Controller Repl Cid Transmit Coil And Cable Aud Osseo Dev Int/Ext Comp	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004 SUR714.003 SUR714.003	Cochlear Implant Cochlear Implant Implantable Bone-Conduction and Bone-Anchored Hearing Aids	- - - -	-
L8629 L8690 L8691	Cid Ext Controller Repl Cid Transmit Coll And Cable Aud Osseo Dev Int/Ext Comp Aol Snd Proc Repl Excl Actua	Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MM Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MM Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MM Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement. MM Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR714.004 SUR714.004 SUR714.003 SUR714.003	Cochlear Implant Cochlear Implant Implantable Bone-Conduction and Bone-Anchored Hearing Aids Implantable Bone-Conduction and Bone-Anchored Hearing Aids	- - - - -	- - - - - 6/30/2022

L8699	Prosthotic Implant Nas	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
	Prosthetic Implant Nos	contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
L8701	Ewh S/D Uprt Micro Sensor	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
L8702	Ewhf S/D Uprt Micro Sensor	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	-	-
M0075	Cellular Therapy	review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	-	-	-	-
M0076	Prolotherapy	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	MED201.013	Prolotherapy	1/1/2023	
M0076		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	MED201.013	Prolotherapy		- 12/31/2022
P2031	Prolotherapy Hair Analysis	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	PSY301.014	Autism Spectrum Disorders (ASD)	10/1/2022	12/31/2022
		predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	RX501.101	Orthopedic Applications of Platelet-Rich Plasma	-	-
P9020	Plaelet Rich Plasma Unit	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	-
P9099	Blood Component/Product Noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
Q0239	Bamlanivimab-Xxxx	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	_	_	4/16/2021
Q0507	Misc Sup/Acc Ext Vad	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to				
Q0508	Misc Sup/Acc Imp Vad	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-			
Q0509	Mis Sup/Ac Imp Vad Nopay Med	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
Q0510		contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Dispens Fee Immunosupressive	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
Q0511	Sup Fee Antiem Antica Immuno	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
Q0512	Px Sup Fee Anti-Can Sub Pres	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
Q2026	Radiesse Injection	me chieftal: Procedure/service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
Q2028	Inj Sculptra 0.5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR716.001	Cosmetic and Reconstructive Procedures	-	-
Q2039	Influenza Virus Vaccine Nos	Unisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
Q2041	Axicabtagene Ciloleucel Car+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	-
Q2042	Tisagenlecleucel Car-Pos T	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require	RX502.061	Oncology Medications	_	_
	Sipuleucel-T Minimum Of 50 Million	Prior Authorization per contract agreement.				
Q2043	Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	-	10/10/2021
Q2050	Doxorubicin Inj 10Mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. May require PA per contract agreement.	RX502.061	Oncology Medications	-	_
Q2052	Ivig Demo Services/Supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_	-	_	_
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis And Dose Preparation Decodings Des Theorematic Deco	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	4/1/2021	-
Q2054	Procedures, Per Therapeutic Dose Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	10/1/2021	-
Q2055	Idecabtagene Vicleucel Car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	1/1/2022	_
Q4050	Cast Supplies Unlisted	Unlisted: Procedure/service not specifically defined or classified, may be subject to				
Q4051	Splint Supplies Misc	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
Q4031	spinit supplies wisc	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
Q4082	Drug/Bio Noc Part B Drug Cap	review. Unlisted: Procedure/service not specifically defined or classified	-	-	-	-
Q4100	Skin Substitute Nos	MP Criteria: Procedure/service reviewed against Medical Criteria. Unlisted: Procedure/service not specifically defined or classified, may be subject to	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	_	_
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			_	_
Q4101	Apligraf	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4102	Oasis Wound Matrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4103	Oasis Burn Matrix	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4104	Integra Bmwd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4105	Integra Drt Or Omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	_
Q4106	Dermagraft	MP Criteria: Procedure/service review. MP criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	_
Q4107	Graftjacket	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	_
Q4108	Integra Matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	- Bioengineered Skin and Soft Tissue Substitutes	_	_
Q4110	Primatrix	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4111		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				-
24111	Gammagraft	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	50R/04.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4112	Cymetra Injectable	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4113	Graftjacket Xpress	Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4114	Integra Flowable Wound Matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4118	Matristem Micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4121		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4122	Dermacell Awm Porous Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/1/2021	10/14/2021
Q4122	Dermacell Awm Porous Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	10/15/2021	-
Q4122	Dermacell AWM Porous Sq CM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	3/31/2021
Q4123	Alloskin Rt Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4124	Oasis Ultra Tri-Layer Wound Matrix Per Square Centimeter	Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4125	Arthroflex Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4126	Memoderm/Derma/Tranz/Integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4127		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4128	Flexhd/Allopatchhd/Matrixhd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4130	Strattice Tm Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4132	Grafix core grafixpl core	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4133	Grafix stravix prime pl sqcm	MP Criteria: Procedure/service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4134	Hanakala	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	CU0704.042	Providence of Plane and Public Providence	5 /45 /2024	
		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4135		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4136	Ezderm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4137		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4138	Biodfence Dryflex 1Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4139	Amnio Or Biodmatrix Inj 1Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4140	Biodfence 1Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4141		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4142		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4143		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4145	Epifix Inj 1Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4146	Tensix 1Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4147		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4148		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4149		EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4150	Allowrap Ds Or Dry 1 Sq Cm	EUE Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amnitic Membrane and Amnitic Fluid	_	-
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4152	Dermapure 1 Square Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4153	Dermavest Plurivest Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4154	Biovance 1 square cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for productomistion to avoid part remine review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4155	Neoxflo Or Clarixflo 1 Mg	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4156	Neox 100 Or Clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	-
Q4157	Revitalon 1 Square Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4158	Kerecis Omega3 Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4159		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	1/31/2022
		Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			24/200	
Q4159 Q4160	Affinity1 Square Cm Nushield 1 Square Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid Amniotic Membrane and Amniotic Fluid	2/1/2022	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	-
Q4161	Bio-Connekt Per Square Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4162		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service		Amniotic Membrane and Amniotic Fluid	-	-
Q4163	Woundex Bioskin Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-

Q4164	Helicoll Per Square Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4165	Keramatrix Kerasorb Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4166	Cytal Per Square Centimeter	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4167	Truskin Per Sq Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	-
Q4169	Artacent Wound Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4170	Cygnus Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4171	Interfyl 1 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4173	Palingen Or Palingen Xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4174	Palingen Or Promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4175	Miroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	4/1/2021	-
Q4176	Neopatch Or Therion, Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4177	Floweramnioflo 0.1 Cc	EUL: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4178	Floweramniopatch Per Sq Cm	EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4179	Flowerderm Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4180	Revita Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4181	Amnio Wound Per Square Cm	Folicy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4182	Transcyte Per Sq Centimeter	Folicy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4183	Surgigraft 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4184	Cellesta Or Duo Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4185	Cellesta Flowab Amnion 0.5Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amnitic Membrane and Amnitic Fluid	-	_
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	_
Q4187	Epicord 1 sq cm	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid	08/15/2021	
Q4188	Amnioarmor 1 Sq Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4189	Artacent Ac 1 Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4190	Artacent Ac 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4191	Restorigin 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4192	Restorigin 1 Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC)	SUR704.011	Amnitic Membrane and Amnitic Fluid	-	-
Q4193	Coll-E-Derm 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	_
Q4194	Novachor 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4195	Puraply 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4196	Puraply Am 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4197	Puraply Xt 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	-
Q4198	Genesis Amnio Membrane 1Sqcm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amnitic Membrane and Amnitic Fluid	-	-
Q4199	Cygnus Matrix Per Sq Cm	Policy (LPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP)	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-15	_
Q4200	Skin Te 1 Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4201	Matrion 1 Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
		Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service				
Q4202	Keroxx (2.5G/Cc) 1Cc	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4202 Q4203	Keroxx (2.5G/Cc) 1Cc Derma-Gide 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Bioengineered Skin and Soft Tissue Substitutes Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
		review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Net subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPC08, which is one of our Clinical Payment and Coding	SUR704.012			-
Q4203	Derma-Gide 1 Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (OPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (OPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012 SUR704.011	Bioengineered Skin and Soft Tissue Substitutes		-

Q4206	Fluid Flow Or Fluid Gf 1 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4208	Novafix Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4209	Surgraft Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4210	Axolotl Graf Dualgraf Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4211	Amnion Bio Or Axobio Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4212	Allogen Per Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4213	Ascent 0.5 Mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4214	Cellesta Cord Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4215	Axolotl Ambient Cryo 0.1 Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4216	Artacent Cord Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4217	Woundfix Biowound Plus Xplus	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4218	Surgicord Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4219	Surgigraft Dual Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4220	Bellacell Hd Surederm Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	
Q4220	Bellacell Hd Surederm Sq Cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes		5/14/2021
	Benacen nu suredenn sq cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service			-	5/14/2021
Q4221	Amniowrap2 Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4222	Progenamatrix Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for		Bioengineered Skin and Soft Tissue Substitutes	5/15/2021	-
Q4222	Progenamatrix Per Sq Cm	predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	-	5/14/2021
Q4224	Hhf10-P Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4225	Amniobind Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4227	Amniocore Per Sq Cm	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4228	Bionextpatch Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	9/30/2021
Q4229	Cogenex Amnio Memb Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4230	Cogenex Flow Amnion 0.5 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4231	Corplex P Per Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4232	Corplex Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4233	Surfactor /Nudyn Per 0.5 Cc	EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4234	Xcellerate Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4235	Amniorepair Or Altiply Sq Cm	Policy (LPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4236	Carepatch Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	9/30/2021
Q4237	Cryo-Cord Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4238	Derm-maxx, per sq cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP028, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	7/1/2022	_
Q4238	Derm-maxx, per sq cm	Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	02.01/2022	6/30/2022
Q4239	Amnio-Maxx Or Lite Per Sq Cm	Proceedimination to avoid post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4240	Corecyte Topical Only 0.5 Cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4241	Polycyte Topical Only 0.5Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4242	Amniocyte Plus Per 0.5 Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	_	_
Q4244	Procenta Per 200 Mg	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	_
Q4245	Amniotext Per Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	_	_
Q4246	Coretext Or Protext Per Cc	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	_	
Q4240	Amniotext Patch Per Sq Cm	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding		Amniotic Membrane and Amniotic Fluid	-	
472.97	, annotext ratur rel oq UM	review. Check EIU policy CPCPU8, which is one of our Clinical Payment and Coding Policy (CPCP).	50N704.011		-	-

Q4248	Dermacyte Amn Mem Allo Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	-	-
Q4249	Amniply Per Sq Cm	EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4250	Amnioamp-Mp Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4251	Vim per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4252	Vendaje per square centimet	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2022	-
Q4253	Zenith amniotic membrane psc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	10/1/2021	12/31/2021
Q4254	Novafix DI Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4255	Reguard Topical Use Per Sq	Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	3/1/2021	-
Q4256	Mig Complet Per Sq Cm	Policy (PCCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4257	Relese Per Sq Cm	Policy (PCCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	2022-04-01	-
Q4258	Enverse Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding	SUR704.011	Amnitic Membrane and Amnitic Fluid	2022-04-01	-
		Policy (CPCP). EUV: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding				
Q4259	Celera dual layer or celera dual membra	1 Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2023	-
Q4259	Celera dual layer or celera dual membra	Predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	12/1/2022	12/31/2022
Q4260	Signature apatch, per square centimeter		SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2023	-
Q4260	Signature apatch, per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR704.011	Amniotic Membrane and Amniotic Fluid	12/1/2022	12/31/2022
Q4261	Tag, per square centimeter	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR704.011	Amniotic Membrane and Amniotic Fluid	1/1/2023	
Q4261	Tag, per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR704.011	Amniotic Membrane and Amniotic Fluid	12/1/2022	12/31/2022
Q5009	Hospice Care Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
Q5103	Injection Inflectra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.051 RX501.096	Infiximab and Associated Biosimilars Specialty Medication Administration Site of Care	-	-
Q5104	Injection Renflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.096	Infiximab and Associated Biosimilars Specialty Medication Administration Site of Care	-	-
Q5106	Inj Retacrit Non-Esrd Use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Erythropoiesis-Stimulating Agents (ESAs)	_	-
Q5107	Inj Mvasi 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement		Oncology Medications	Moved to PA list	10/10/2021
Q5109	Injection Ixifi 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Infliximab and Associated Biosimilars	-	-
Q5115	Inj Truxima 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	1002.030	Rituximab and Biosimilars for Non-Oncologic Indications	-	-
Q5118	Inj. Zirabev 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.		Oncology Medications	Moved to PA list	10/10/2021
Q5119	Inj Ruxience 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX502.061	Oncology Medications	Moved to PA list	10/10/2021
Q5124	Inj. Byooviz 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OTH903.041	Ranibizumab Injections, Implants and Biosimilars	2022-04-01	-
50013	Esketamine Nasal Spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	RX501.105	Esketamine Nasal Spray	2/1/2021	-
S0117	Tretinoin Topical 5 G	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S0142	Colistimethate Inh Sol Mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S0157	Becaplermin Gel 1% 0.5 Gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	-	-
50189	Testosterone Pellet 75 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, may require Prior Authorization per contract agreement.	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	-	10/1/2022
S0197	Prenatal Vitamins 30 Day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
\$0310	Hospitalist Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
50320	Rn Telephone Calls To Dmp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S0590	Misc Integral Lens Serv	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
50622	Phys Exam For College	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S0800	Laser In Situ Keratomileusis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR713.001	Refractive and Therapeutic Keratoplasty	-	-
50810	Photorefractive Keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to			-	-
\$1001	Deluxe Item	contract/clinical review.	-			
S1001 S1002	Deluxe Item Custom Item		-		-	-
		contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to	- - DME103.007	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	-	- 6/30/2022
S1002	Custom Item	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- - DME103.007 SUR706.001	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses Nasal and Sinus Surgery	- - 5/15/2021	- 6/30/2022 -
<mark>51002</mark> 51040	Custom Item Cranial Remolding Orthosis	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for			- - 5/15/2021 -	- 6/30/2022 -
\$1002 \$1040 \$1091	Custom Item Cranial Remolding Orthosis Stent Non-Coronary Propel	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.001	Nasal and Sinus Surgery	- 5/15/2021 - 2022-05-01	- 6/30/2022 - -
S1002 S1040 S1091 S2083	Custom Item Cranial Remolding Orthosis Stent Non-Coronary Propel Adjustment Gastric Band	contract/clinical review. Unlisted: Procedure/service rots specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service nerviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service nerviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.001 SUR716.003 SUR705.035 SUR705.027	Nasal and Sinus Surgery Bariatric Surgery	-	- 6/30/2022 - - - -
\$1002 \$1040 \$1091 \$2083 \$2112	Custom Item Cranial Remolding Orthosis Stent Non-Coronary Propel Adjustment Gastric Band Knee Arthroscp Harv	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC).	SUR706.001 SUR716.003 SUR705.035 SUR705.027	Nasal and Sinus Surgery Bariatric Surgery Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions	-	- 6/30/2022 - - - - - -
\$1002 \$1040 \$1091 \$2083 \$2112 \$2117	Custom Rem Cranial Remolding Orthosis Stert Non-Coronary Propel Adjustment Gastric Band Knee Arthroscp Harv Arthroereisis Subtalar	contract/clinical review. Unlisted: Procedure/service rots specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service nerviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Ell: Procedure/service nerviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR706.001 SUR716.003 SUR705.035 SUR705.027 SUR705.019	Nasal and Sinus Surgery Bariatric Surgery Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions Subtalar Arthroereisis (STA)	-	- 6/30/2022 - - - - - - - - - - -

52140	Cord Blood Harvesting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.002 SUR703.043 SUR703.037 SUR703.037 SUR703.038 SUR703.038 SUR703.039 SUR703.041 SUR703.041 SUR703.034 SUR703.040	Hematopoletic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoletic Cell Transplantation as a Treatment of Acute Lymphoblastic Leukemia (ALL) Hematopoletic Cell Transplantation for Acute Weylegenous Leukemia (AML) Hematopoletic Cell Transplantation for Greats Cancer Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Chronic Lymphocytic Leukemia (LLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia Hematopoletic Cell Transplantation for Chronic Myeloid Leukemia Hematopoletic Cell Transplantation for Chronic Divarian Cancer Hematopoletic Cell Transplantation for Greatic Disases and Acquired Anemias Hematopoletic Cell Transplantation for Hogins (Myeloid Leukemia	-	-
			SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoletic Cell Transplantation for Malignant Astrocytomas and Giomas Hematopoletic Cell Transplantation for Miscellaneous Solid Tumors in Adults Hematopoletic Cell Transplantation for Myelodysplastic Syndromes (MDS) and Myeloproliferative Neoplasms (MPN) Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoletic Cell Transplantation for Plasma Cell Dyscrasias, including Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for Systemic Amyloidosis Hematopoletic Cell Transplantation for Solid Tumors in Children Hematopoletic Cell Transplantation for Solid Tumors in Children Hematopoletic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoletic Cell Transplantation for Waldenstrom Macroglobulinemia		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR703.002 SUR703.043 SUR703.047 SUR703.037 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034	Hematopoletic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoletic Cell Transplantation for Acquired Immunodeficiency Syndrome (AIDS) Hematopoletic Cell Transplantation for Greast Cancer Hematopoletic Cell Transplantation for Critoral Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Critoric Myeloid Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) Hematopoletic Cell Transplantation for Stribiel Soviaria Cancer		
52142	Cord Blood-Derived Stem-Cell	predetermination to avoid post-service review.	SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.035 SUR703.030 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoletic Cell Transplantation for Hodgkin Lymphoma (HL) Hematopoletic Cell Transplantation for Malignant Astrocytomas and Giomas Hematopoletic Cell Transplantation for Misellaneous Solid Tumors in Adults Hematopoletic Cell Transplantation for Misellaneous Solid Tumors in Adults Hematopoletic Cell Transplantation for Misellaneous Solid Tumors in Adults Hematopoletic Cell Transplantation for Misellaneous Solid Tumors in Multiple Myeloma (MM) and POEMS Syndrome Hematopoletic Cell Transplantation for Pinary Systemic Amyldolosi Hematopoletic Cell Transplantation for Finary Systemic Amyldolosi Hematopoletic Cell Transplantation for Solid Tumors in Children Hematopoletic Cell Transplantation in for Waldenstrom Macroglobulinemia Hematopoletic Cell Transplantation in the Treatment of Germ Cell Tumors	-	-
52150	Bmt Harv/Transpl 28D Pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR703.002 SUR703.043 SUR703.047 SUR703.037 SUR703.036 SUR703.038 SUR703.039 SUR703.039 SUR703.039 SUR703.041 SUR703.041 SUR703.045 SUR703.040 SUR703.045 SUR703.035 SUR703.035 SUR703.035 SUR703.046	Hematopoletic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoletic Cell Transplantation for A cate Wepdenous Leukemia (ALL) Hematopoletic Cell Transplantation for A cate Wepdenous Leukemia (ALL) Hematopoletic Cell Transplantation for A cate Wepdenous Leukemia (AML) Hematopoletic Cell Transplantation for A cate Wepdenous Leukemia (AML) Hematopoletic Cell Transplantation for A cate Wepdenous Leukemia (AML) Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma Hematopoletic Cell Transplantation for Cremical Wepdold Leukemia Hematopoletic Cell Transplantation for Cremical Wepdold Leukemia Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoletic Cell Transplantation for Genetic Diseases and Acquired Anemias Hematopoletic Cell Transplantation for Modelian Lymphoma (HL) Hematopoletic Cell Transplantation for Modelianeus Solid Tumors in Adults Hematopoletic Cell Transplantation for Modelianeus Solid Tumors in Adults Hematopoletic Cell Transplantation for Modelianeus Solid Tumors in Adults Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoletic Cell Transplantation for Sista Tumors in Charlism Hematopoletic Cell Transplantation for Kosten-Boots in Charlism Hematopoletic Cell Transplantation for Non-Hodgkin Lymphomas Hematopoletic Cell Transplantation for Sista Tumors in Charlism	-	-
			SUR703.050 SUR703.045	Hematopoletic Cell Transplantation for Waldenstrom Macroglobulinemia Hematopoletic Cell Transplantation in the Treatment of Germ Cell Tumors		
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR707.016	Varicose Vein Management	-	-
S2230	Implant Semi-Imp Hear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	SUR714.008	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	-	-
S2235	Implant Auditory Brain Imp	Predetermination to avoid post-service review. FILI: Procedure/service not reimbursed by the Plan. Not subject to pre-service	SUR714.009	Auditory Brainstem Implant	-	-
\$2300	Arthroscopy Shoulder Surgi	review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	SUR705.041	Thermal Capsulorrhaphy as a Treatment of Joint Instability	-	-
S2409	Fetal Surg Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-	-
52411 52900	Fetoscop laser ther TTTS Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary	M Oriclas reactant de la vide post-service review. M P Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR701.016 SUR701.014	Fetal Surgery for Prenatally Diagnosed Malformations Endoscopic, Arthroscopic, Laparoscopic, Bronchoscopic and Thoracoscopic Surgery	12/1/2022	
\$3600	Procedure)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e			
53600	Stat Lab Stat Lab Home/Nf	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	-	-	-	-
\$3650	Saliva Test Hormone Level;	review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).		- Salivary Hormone Testing	-	-
\$3652	Saliva Test Hormone Level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED207.128	Salivary Hormone Testing	-	-
\$3900	Surface Emg	Four procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check ElU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP).	MED205.006	Surface Scanning Electromyography (EMG) (SEMG), Paraspinal Surface EMG, and Spinoscopy	-	-
\$4015	Complete Ivf Nos Case Rate	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
S4023	Incompl Donor Egg Case Rate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4025	Donor Serv Ivf Case Rate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4026	Procure Donor Sperm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4027	Store Prev Froz Embryos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4030	Sperm Procure Init Visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4031	Sperm Procure Subs Visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4040	Monit Store Cryo Embryo 30 D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	OB402.023	Services for Infertility and Recurrent Fetal Loss	-	-
S4990	Nicotine Patch Legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-
54991	Nicotine Patch Nonlegend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-
S4995	Smoking Cessation Gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	e _	-	-	-

\$5102	Adult Day Care Ber Diam	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
	Adult Day Care Per Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5105	Centerbased Day Care Perdiem	review.	-	-	-	-
55108	Homecare Train Pt 15 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S5109	Homecare Train Pt Session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
55110	Family Homecare Training 15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
\$5111	Family Homecare Train/Sessio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
\$5115	Nonfamily Homecare Train/15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
\$5116	Nonfamily Hc Train/Session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-	-
55120	Chore Services Per 15 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	_
55121	Chore Services Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
\$5125	Attendant Care Service /15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_	_
\$5126	Attendant Care Service /Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_	_
\$5130	Homaker Service Nos Per 15M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				
55150	Homaker Service NOS PET 15W	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5131	Homemaker Service Nos /Diem	review.	-	-	-	-
\$5135	Adult Companioncare Per 15M	Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
\$5136	Adult Companioncare Per Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
\$5140	Adult Foster Care Per Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
55141	Adult Foster Care Per Month	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5145	Child Fostercare Th Per Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-	-
55146	Ther Fostercare Child /Month	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5150		review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
55150	Unskilled Respite Care /15M	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
	Unskilled Respitecare /Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5160	Emer Response Sys Instal&Tst	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
55161	Emer Rspns Sys Serv Permonth	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
55162	Emer Rspns System Purchase	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5165	Home Modifications Per Serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5170	Homedelivered Prepared Meal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-	-	-	-
\$5175	Laundry Serv Ext Prof /Order	review.	-	-	-	-
S5181	Hh Respiratory Thrpy Nos/Day	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
S5185	Med Reminder Serv Per Month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	-
S5185 S5199	Med Reminder Serv Per Month Personal Care Item Nos Each	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	_
S5199	Personal Care Item Nos Each	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service not specifically defined or classified, may be subject to	-	-	-	-
S5199 S5497	Personal Care Item Nos Each Hit Cath Care Noc	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- - - PSY301.014	Autism Spectrum Disorders (ASD)	-	- -
S5199 S5497 S8035	Personal Care Item Nos Each Hit Cath Care Noc Magnetic Source Imaging	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not rehibursed by the Plan. Not subject to pre-service	RAD601.038	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)	- - -	- - -
S5199 S5497	Personal Care Item Nos Each Hit Cath Care Noc	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not rehibursed by the Plan. Not subject to pre-service			- - - -	- - -
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55199 55497 58035 58130 58131 58189 58270 58301 58300 58940 58940 58940 58940 58940 58940 58940 58956 59056 59090 59117	Personal Care Item Nos Each Hit Cath Care Noc Magnetic Source Imaging Interferential Current Stimulator 2 channel Interferential Current Stimulator 4 Interferential Current Stimulation Intert Control Supples Nos Camisole Post-Mast Aurcular Electrostimulation Low-Level Laser Trmt 15 Min Coma Stimulation Per Diem Coma Stimulation Per Diem Coma Stimulation Per Diem Stack School Visit	review. Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review. Unlisted: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical 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. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: 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. Neek EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Neek EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Neek EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Neek EU policy CPCP08, which is one o	RAD601.038 MED201.041 	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) Interferential Current Stimulation - - - - - - Cranial Electrotherapy Stimulation and Auricular Electrostimulation Hippotherapy Acne Management Acupuncture for Pain Management, Nausea and Vomiting and Opioid Dependence Low Level and High-Power Laser Therapy Treatment of Timutas - Sensory Stimulation for Coma Patients Sensory Stimulation for Coma Patients		
55199 55199 55497 58035 58130 58131 58131 58131 58131 58131 58130 58131 58130 58300 58301 58930 58940 58940 58940 59056 59056 59117 59125	Personal Care Item Nos Each Hit Cath Care Noc Magnetic Source Imaging Interferential Current Stimulator 2 channel Interferential Current Stimulator 2 channel Interferential Current Stimulator 2 channel Interferential Current Stimulator 4 Cambol Post-Mast Auricular Electrostimulation Hippotherapy Per Session Com Level Laser Trmt 15 Min Coma Stimulation Per Diem Coma Stimulation Per Diem Carebral Axial Decompressio Back School Visit	review. Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (ICPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review. Unlisted: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (ICPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/linical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (ICPC). Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/linical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Policy Criteria. Submit for predetermination to avaid post-service review. Non Covered: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avaid post-service review. Non Covered: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPC). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-servic	RADE01.038 MED201.041 	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) Interferential Current Stimulation - - - - - - - - - - - - - - - - Cranial Electrotherapy Stimulation and Auricular Electrostimulation Hippotherapy Acroe Management, Acupanture for Pain Management, Nausea and Vomiting and Opioid Dependence Dow-Level and High-Power Laser Therapy Treatment of Tinnitus - Sensory Stimulation for Coma Patients Non-Surgical Spinal Decompression Traction Devices Back School - -		
55199 55199 55497 58035 58130 58131 58131 58131 58131 58131 58130 58131 58131 58131 58300 58940 58940 58956 59056 59117 59125 59335	Personal Care Item Nos Each Hit Cath Care Noc Magnetic Source Imaging Interferential Current Stimulator 2 channel Interferential Current Stimulator 4 channel Interferential Current Stimulation chou-Level Laser Trmt 15 Min chone Uterine Monitor With Or chome Uterine Monitor With Or chome Uterine Monitor With Or chone Stimulation Per Diem chack School Visit Respite Care In The Home P Respite Care In The Home P Home Jaysis Diem	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified Unlisted: Procedure/service not specifically defined or classified. White the procedure/service not specifically defined or classified. Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. EU: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP08, which is one of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy CPCP0	RADE01.038 MED201.041 	Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) Interferential Current Stimulation - - - - - - - - - - - - - - - - Cranial Electrotherapy Stimulation and Auricular Electrostimulation Hippotherapy Acroe Management, Acupanture for Pain Management, Nausea and Vomiting and Opioid Dependence Dow-Level and High-Power Laser Therapy Treatment of Tinnitus - Sensory Stimulation for Coma Patients Non-Surgical Spinal Decompression Traction Devices Back School - -		

\$9436	Lamaze Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
\$9437	Childbirth Refresher Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_		_
59438	Cesarean Birth Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			_
59439	Vbac Class	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	-		-
\$9442	Birthing Class	review. – – –	-		-
\$9444	Parenting Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-		-
\$9445	Pt Education Noc Individ	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-
59446	Pt Education Noc Group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
		Unlisted: Procedure/service not specifically defined or classified	-		-
\$9447	Infant Safety Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-		-
S9449	Weight Mgmt Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-		-
\$9451	Exercise Class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_		_
\$9454	Stress Mgmt Class	review. – – – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
59472		review. – – – – – – – – – – – – – – – – – – –	-		-
	Cardiac Rehabilitation Progr	predetermination to avoid post-service review. Calual cells Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			-
59482	Family Stabilization 15 Min	review. – –	-		-
\$9542	Ht Inj Noc Per Diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. – – –	-		-
\$9558	Ht Inj Growth Horm Diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. RX501.040 Human Gro	owth Hormone (GH)		-
\$9562	Ht Inj Palivizumab Diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for RX504.009 Respiratory	y Syncytial Virus (RSV) Immunoprophylaxis		_
\$9810	Ht Pharm Per Hour	predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to			
		contract/clinical review. – – – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-
\$9900	Christian Sci Pract Visit	review	-		-
\$9970	Health Club Membership Yr	review. – –	-		-
\$9975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	-		-
\$9976	Lodging Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. SUR703.001			
	Louging Fer Diem	Unlisted: Procedure/service not specifically defined or classified	-		-
\$9977	Meals Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. SUR703.001 _	_		_
		Unlisted: Procedure/service not specifically defined or classified Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
59981	Med Record Copy Admin	review. – –	-		-
59982	Med Record Copy Per Page	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-		-
\$9986	Not Medically Necessary Svc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – –	-		-
\$9988	Serv Part Of Phase I Trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	_		-
\$9990	Services Provided As Part Of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
50001		review. – – –			-
199991		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service			
59991	Services Provided As Part Of	review. – –	-		-
59991 59992	Services Provided As Part Of Transportation Costs To And	review	-		-
		review	- - -		-
S9992	Transportation Costs To And	review	- - - -		- - -
59992 59994	Transportation Costs To And Lodging Costs (E.G. Hotel Ch	review	- - - - -		- - - -
59992 59994 59996	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par	review	- - - - - - 1/1	· '1/2021	- - - -
59992 59994 59996 59999 T1014	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min	review	- - - - - - - 1/1	1/2021	- - - -
S9992 S9994 S9996 S9999 T1014 T1505	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc	review	- - - - - - - - - -	1/2021	- - - - -
59992 59994 59996 59999 T1014	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min	review. – – – – – – – – – – – – – – – – – – –	- - - - - - - - - - - - - - - - -	/1/2021	- - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc	review.	- - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies	review	- - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem	review	- - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - -
S9992 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Hour Habil Ed Waiver Per D	review.	- - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012 T2013 T2014	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per H	review		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012 T2013 T2015	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per H	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per H	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012 T2013 T2015	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per H	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9999 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Pervoc Walver Per D Habil Res Walver Per Diem Habil Res Walver Per Diem	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retall Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Hour Habil Pervoc Walver Per D Habil Res Walver Per Diem Habil Res Walver 15 Min Habil Res Walver 15 Min	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Fervoc Waiver Per D Habil Res Waiver Per Diem Habil Res Waiver Per Diem Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver 15 Min Bay Habil Waiver Per Diem	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2020	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Fewoc Waiver Per J Habil Res Waiver Per J Habil Res Waiver Per Jism Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver JSMin Day Habil Waiver Per Diem Day Habil Waiver Per Jism	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2020 T2021	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Diem Habil Fervoc Walver Per H Habil Res Walver Per Them Habil Res Walver Per Jiem Habil Sup Empl Walver/Diem Habil Sup Empl Walver 15 Min Day Habil Walver Per Jis Min Serv Asmnt/Care Plan Walver	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2020	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Fewoc Waiver Per J Habil Res Waiver Per J Habil Res Waiver Per Jism Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver JSMin Day Habil Waiver Per Diem Day Habil Waiver Per Jism	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2020 T2021	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Ed Walver Per Diem Habil Fervoc Walver Per H Habil Res Walver Per Them Habil Res Walver Per Jiem Habil Sup Empl Walver/Diem Habil Sup Empl Walver 15 Min Day Habil Walver Per Jis Min Serv Asmnt/Care Plan Walver	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9994 S9996 S9997 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2017 T2018 T2019 T2020 T2021 T2022 T2024 T2025	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Hour Habil Fd Waiver Per Hour Habil Fewoc Waiver Per H Habil Res Waiver Per H Habil Res Waiver Per Jem Habil Res Waiver Per Jem Habil Res Waiver 15 Min Habil Sup Empl Waiver J5 Min Day Habil Waiver Per J5 Min Serv Asmnt/Care Plan Waiver Waiver Service Nos	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9994 S9994 T014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2024 T2025 T2026	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Fd Walver Per Hour Habil Fd Walver Per Hour Habil Res Walver Per Hour Habil Res Walver Per Diem Habil Res Walver Per Jiem Habil Sup Empl Walver Per Jiem Habil Sup Empl Walver JisMin Day Habil Walver Per Diem Serv Asmnt/Care Plan Walver Walver Service Nos Special Childcare Walver/D	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9994 S9996 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2024 T2025 T2026 T2027 T2028	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec. Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Fd Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per Diem Habil Sup Empl Walver/Diem Habil Sup Empl Walver 15 Min Day Habil Waiver Per Jiem Serv Asmnt/Care Plan Walver Special Childcare Walver 15 Min Special Childcare Walver 15 Min	review.		1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9994 S9996 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2024 T2025 T2026 T2027 T2028 T2029	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Fd Waiver Per Hour Habil Perocc Waiver Per D Habil Res Waiver Per Diem Habil Res Waiver Per Diem Habil Res Waiver Ser Min Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver 15 Min Day Habil Waiver Per Diem Serv Asmnt/Care Plan Waiver Special Childcare Waiver J5 Min Special Supply Nos Waiver	review.	- - - - - - - - - - - - - - - - - - -	1/2021	- - - - - - - - - - - - - - - - - - -
S9992 S9994 S9994 S9996 S9996 T1014 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2023 T2024 T2025 T2026 T2027 T2028 T2029 T2029	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec. Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Walver Per Diem Habil Fd Walver Per Hour Habil Prevoc Walver Per D Habil Prevoc Walver Per Diem Habil Sup Empl Walver/Diem Habil Sup Empl Walver 15 Min Day Habil Waiver Per Jiem Serv Asmnt/Care Plan Walver Special Childcare Walver 15 Min Special Supply Nos Walver	review.			- - - - - - - - - - - - - - - - - - -
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S9992 S9994 S9994 S9994 S9996 S9996 T1014 T1505 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2023 T2024 T2025 T2026 T2027 T2028 T2029 T2030 T2031 T2032 T2033 T2034	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Res Waiver Per Diem Habil Res Waiver Per Diem Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver/Diem Day Habil Waiver Per Diem Sercial Childcare Waiver IS Min Sepcial Childcare Waiver/Diem Special Childcare Waiver/Diem Special Childcare Waiver/IS Min Special Med Equip Noswaiver Special Med Equip Noswaiver Assist Living Waiver/Diem Assist Living Waiver/Diem Res Care Nos Waiver/Diem Res Nos Waiver Per Diem	review			
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S9992 S9994 S9994 S9994 S9996 S9996 T1014 T1505 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2022 T2023 T2024 T2025 T2026 T2027 T2028 T2029 T2030 T2031 T2032 T2033 T2034	Transportation Costs To And Lodging Costs (E.G. Hotel Ch Meals For Clinical Trial Par Sales Tax Telehealth Transmit Per Min Elec Med Comp Dev Noc Noc Retail Items Andsupplies Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Ed Waiver Per Diem Habil Res Waiver Per Diem Habil Res Waiver Per Diem Habil Sup Empl Waiver/Diem Habil Sup Empl Waiver/Diem Day Habil Waiver Per Diem Sercial Childcare Waiver IS Min Sepcial Childcare Waiver/Diem Special Childcare Waiver/Diem Special Childcare Waiver/IS Min Special Med Equip Noswaiver Special Med Equip Noswaiver Assist Living Waiver/Diem Assist Living Waiver/Diem Res Care Nos Waiver/Diem Res Nos Waiver Per Diem	review			- - - - - - - - - - - - - - - - - - -

T2037	Camp Day Waiver/Session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
T2038	Comm Trans Waiver/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	_
т2039	Vehicle Mod Waiver/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
T2040	Financial Mgt Waiver/15Min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
T2041	Support Broker Waiver/15 Min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
T2101	Breast Milk Proc/Store/Dist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic: review.	e _	_	_	_
т5999	Supply Nos	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_	_
V2025	Eyeglasses Delux Frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e	_	_	_
V2199	Lens Single Vision Not Oth C	review. Unlisted: Procedure/service not specifically defined or classified, may be subject to sector of classified and and and a sector of classified and a subject to be a set of the sector of the s	_	_	_	_
V2599	Contact Lens/Es Other Type	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to section of lefticial works.	_	_	_	_
V2629	Prosthetic Eye Other Type	contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to sectore of the set work of the set of the	_		_	_
V2702	Deluxe Lens Feature	contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e			-
V2744	Tint Photochromatic Lens/Es	review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e			
V2787	Astigmatism-Correct Function	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for any dynamication to any idea to any idea mainteender of the second seco	SUR713.025	Intraocular Lens (IOLs) and Implantable Miniature Telescope (IMT)	_	
V2788	Presbyopia-Correct Function	predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for any dynamication to avoid out on the main any dynamication of the service review.	SUR713.025	Intraocular Lens (IOLs) and Implantable Miniature Telescope (IMT)	_	
V2799	Market Res October	predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e OTH903.012			
V2/99	Misc Vision Item Or Service	review. Unlisted: Procedure/service not specifically defined or classified	DME104.003	-	-	-
V5090	Hearing Aid Dispensing Fee	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5095	Implant Mid Ear Hearing Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	SUR714.008	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	-	-
V5267	Hearing Aid Sup/Access/Dev	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5274	Ald Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5287	Ald Fm/Dm Receiver Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5298	Hearing Aid Noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5299	Hearing Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-	-
V5362	Speech Screening	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014	Autism Spectrum Disorders (ASD)	-	-
V5363	Language Screening	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	PSY301.014	Autism Spectrum Disorders (ASD)	-	-