

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

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2024 unles otherwise indicated through Blue Cross and Blue Shield of New Mexico managed for one or more of our networks:

- PPOSM

-Blue Preferred EPO -Blue Preferred Plus -HMO **Utilization Management Process**

This file is a searchable PDF.

Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

Procedure Code Groups	Procedure Code Group Description
Medical Policy Criteria (MP Criteria)	<u>Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review</u> (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.
	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Unlisted or Undefined	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.

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

Procedure Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
		MP Criteria: Procedure/service reviewed against Medical			
00640	ANESTH SPINE MANIPULATION	Policy Criteria. Submit for Recommended Clinical Review	_	_	_
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
00797	ANESTH SURGERY FOR OBESITY	Policy Criteria. Submit for Recommended Clinical Review	_	_	_
		to avoid post-service review.			
07957	Weight Loss	Non Covered: Procedure/service not covered by the			
07557	Weight Loss	Plan. Not subject to pre-service review.	_	_	-
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the</td><td></td><td></td><td></td></w>	Non Covered: Procedure/service not covered by the			
11200	NEWOVAL OF SKIN TAGS VV/15	Plan. Not subject to pre-service review.	_	_	-
11201	REMOVE SKIN TAGS ADD-ON	Non Covered: Procedure/service not covered by the			
11201	ILLIVIO VE SICIIV IAOS ADD-OIV	Plan. Not subject to pre-service review.	_	_	-

		MP Criteria: Procedure/service reviewed against Medical		
11020	Connect Skin Colon C O Cools	·		
11920	Correct Skin Color 6.0 Cm/<	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
11021	C	MP Criteria: Procedure/service reviewed against Medical		
11921	Correct Skn Color 6.1-20.0Cm	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
11922	Correct Skin Color Ea 20.0Cm	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
11950	TX CONTOUR DEFECTS 1 CC/<	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
11952	TX CONTOUR DEFECTS 5.1-10CC	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
11954	TX CONTOUR DEFECTS >10.0 CC	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
11960	INSERT TISSUE EXPANDER(S)	Policy Criteria. Submit for Recommended Clinical Review		
11300	113211 113302 EXT / 113211(3)	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
11970	RPLCMT TISS XPNDR PERM IMPLT	Policy Criteria. Submit for Recommended Clinical Review _		
11970	RELCIVIT 1133 AFINDR FERIVITIVIFET	-	-	_
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
11000	INADIANT HODAAONE DEH ET/C)			
11980	IMPLANT HORMONE PELLET(S)	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15271	Skin Sub Graft Trnk/Arm/Leg	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15272	Skin Sub Graft T/A/L Add-On	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15273	Skin Sub Grft T/Arm/Lg Child	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15274	Skn Sub Grft T/A/L Child Add	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15275	Skin Sub Graft Face/Nk/Hf/G	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15276	Skin Sub Graft F/N/Hf/G Addl	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023		
13270	Skill Sub Graft 1719/111/ G Addi	to avoid post-service review.	-	_
		נט מיטוע טטטרישבו יונב וביוביי.		

		MP Criteria: Procedure/service reviewed against Medical		
15277	Class Carlo Carlo F /N / U.S./C Child	·		
15277	Skn Sub Grft F/N/Hf/G Child	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-	-
		to avoid post-service review.		
15270	Class Carlo Carlo F /NI / LIE/C Class And	MP Criteria: Procedure/service reviewed against Medical		
15278	Skn Sub Grft F/N/Hf/G Ch Add	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15758	FREE FASCIAL FLAP MICROVASC	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15769	GRFG AUTOL SOFT TISS DIR EXC	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15771	GRFG AUTOL FAT LIPO 50 CC/<	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15772	GRFG AUTOL FAT LIPO EA ADDL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15780	DERMABRASION TOTAL FACE	Policy Criteria. Submit for Recommended Clinical Review _		
13700	DEMINISTRATION TO THE THE	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15781	DERMABRASION SEGMENTAL FACE	Policy Criteria. Submit for Recommended Clinical Review _		
13761	DEMINATION SEGMENTAL FACE	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
15782	DERMABRASION OTHER THAN FACE	·		
15/62	DERIVIABRASION OTHER THAN FACE	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
45700	DEDAMARDA GIONI GURDEL ANNVOITE	MP Criteria: Procedure/service reviewed against Medical		
15783	DERMABRASION SUPRFL ANY SITE	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15786	ABRASION LESION SINGLE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15787	ABRASION LESIONS ADD-ON	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15788	CHEMICAL PEEL FACE EPIDERM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15789	CHEMICAL PEEL FACE DERMAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		·		

		MP Criteria: Procedure/service reviewed against Medical		
15792	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15793	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15820	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15821	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15822	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15823	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_
		·		
		MP Criteria: Procedure/service reviewed against Medical		
15824	REMOVAL OF FOREHEAD WRINKLES	Policy Criteria. Submit for Recommended Clinical Review	1/31/2024	Retire effective
1502.		to avoid post-service review. Prior Authorization may be —	2,02,202	01/31/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
15825	REMOVAL OF NECK WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		Retire effective
15826	REMOVAL OF BROW WRINKLES	·	1/31/2024	
		to avoid post-service review. Prior Authorization may be —		01/31/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
15828	REMOVAL OF FACE WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
15829	REMOVAL OF SKIN WRINKLES	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15830	EXC SKIN ABD	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15832	EXCISE EXCESSIVE SKIN THIGH	Policy Criteria. Submit for Recommended Clinical Review _		
13332	EXCISE EXCESSIVE SKIN THIGH	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15833	EXCISE EXCESSIVE SKIN LEG	Policy Criteria. Submit for Recommended Clinical Review _		
12022	LACISE EACESSIVE SKIN LEG	-	-	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
15834	EXCISE EXCESSIVE SKIN HIP	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15835	EXCISE EXCESSIVE SKIN BUTTCK	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15836	EXCISE EXCESSIVE SKIN ARM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15837	EXCISE EXCESS SKIN ARM/HAND	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15838	EXCISE EXCESS SKIN FAT PAD	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15839	EXCISE EXCESS SKIN & TISSUE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
15847	EXC SKIN ABD ADD-ON	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15876	SUCTION LIPECTOMY HEAD&NECK	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15877	SUCTION LIPECTOMY TRUNK	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
15878	SUCTION LIPECTOMY UPR EXTREM	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
15879	SUCTION LIPECTOMY LWR EXTREM	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		Unlisted: Procedure/service not specifically defined or		
15999	UNLISTED PX EXC PRESSURE ULC	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
17106	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
17107	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
17108	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	_

		EIU: Procedure/service not reimbursed by the Plan. Not		
17340	CRYOTHERAPY OF SKIN	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	-
		MP Criteria: Procedure/service reviewed against Medical		
17360	SKIN PEEL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
17380	HAIR REMOVAL BY ELECTROLYSIS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
17999	UNLISTD PX SKN MUC MEMB SUBQ	Unlisted: Procedure/service not specifically defined or		
17999	ONLISTO PA SKN WICC WEIVIB SOBQ	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
19105	CRYOSURG ABLATE FA EACH	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19300	REMOVAL OF BREAST TISSUE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19303	MAST SIMPLE COMPLETE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
19316	SUSPENSION OF BREAST	•	_	_
		to avoid post-service review. Prior Authorization may be —		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
10010		Policy Criteria. Submit for Recommended Clinical Review	4/04/0004	Retire effective
19318	Breast Reduction	to avoid post-service review. Prior Authorization may be -	1/31/2024	01/31/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
19325	BREAST AUGMENTATION W/IMPLT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19328	RMVL INTACT BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19330	RMVL RUPTURED BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
19340	INSJ BREAST IMPLT SM D MAST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
19342	INSJ/RPLCMT BRST IMPLT SEP D	Policy Criteria. Submit for Recommended Clinical Review _	_	_
	·	to avoid post-service review.	_	_

		MP Criteria: Procedure/service reviewed against Medical	
19350	BREAST RECONSTRUCTION	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
19355	CORRECT INVERTED NIPPLE(S)	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
19357	TISS XPNDR PLMT BRST RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
19370	REVJ PERI-IMPLT CAPSULE BRST	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
19371	PERI-IMPLT CAPSLC BRST COMPL	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
19499	UNLISTED PROCEDURE BREAST	Unlisted or Undefined: Procedures/services not	_
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
20527	INJ DUPUYTREN CORD W/ENZYME	Policy Criteria. Submit for Recommended Clinical Review _	
20327	IN DOPOT KEN CORD W/ENZTWE		_
		to avoid post-service review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	subject to pre-service review. Check EIU policy, which is	_
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
20561	NDL INSJ W/O NJX 3+ MUSC	subject to pre-service review. Check EIU policy, which is	
20301	NDL INSJ W/O NJA ST MIOSC	one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our Chinical Payment and Couling Policy (CPCP).	
		MP Criteria: Procedure/service reviewed against Medical	
20983	ABLATE BONE TUMOR(S) PERQ	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
20985	CPTR-ASST DIR MS PX	subject to pre-service review. Check EIU policy, which is	
20303	CI III ASSI DIII WISTA	one of our Clinical Payment and Coding Policy (CPCP).	_
		one of our chilical rayinetic and county rolley (crer).	
20999	UNLISTED PX MUSCSKEL GENERAL	Unlisted: Procedure/service not specifically defined or	
20333	OINTISTED LY INIOSCOVET GENERAL	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
21073	MNPJ OF TMJ W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
24000	11A111GTED 1 AAN// EG:	Unlisted: Procedure/service not specifically defined or	
21089	UNLISTED MAXLFCL PROSTH PX	classified, maybe subject to contract/clinical review.	-
		, .,,	

		MP Criteria: Procedure/service reviewed against Medical		
21120	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
21121	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
21122	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
21123	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	-
		<u> </u>		
		MP Criteria: Procedure/service reviewed against Medical		
21125	Augmentation Lower Jaw Bone	Policy Criteria. Submit for Recommended Clinical Review		
21125	Augmentation Lower Jaw Bone	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
21127	Augmentation Lower Jaw Bone	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21145	Lefort I-1 Piece W/ Graft	Policy Criteria. Submit for Recommended Clinical Review	_	_
		to avoid post-service review. Prior Authorization may be —		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21146	Lefort I-2 Piece W/ Graft	Policy Criteria. Submit for Recommended Clinical Review		
222.0	2010101 21 1000 11, 01010	to avoid post-service review. Prior Authorization may be —	_	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21147	Lafort L 2/2 Diago W/ Craft	Policy Criteria. Submit for Recommended Clinical Review		
21147	Lefort I-3/> Piece W/ Graft	to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
21150	Lefort Ii Anterior Intrusion	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21151	Lefort Ii W/Bone Grafts	Policy Criteria. Submit for Recommended Clinical Review	_	<u>_</u>
		to avoid post-service review. Prior Authorization may be —		<u>-</u>
		required per contract agreement.		

21154	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
21155	Lefort Iii W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21159	Lefort Iii W/Fhdw/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21160	Lefort Iii W/Fhd W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
21188	Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — required per contract agreement.
21206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
21208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
21248	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
21249	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – – – – – – – – – – – – – – – – –
21299	UNLISTED CRANFCL&MAXLFCL PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

21499	UNLISTED MUSCSKEL PX HEAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
21899	UNLISTED PX NECK/THORAX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
22505	MANIPULATION OF SPINE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
22526	IDET SINGLE LEVEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22527	IDET 1 OR MORE LEVELS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
22586	ARTHRD PRE-SAC NTRBDY L5-S1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22867	INSJ STABLI DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22868	INSJ STABLI DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22869	INSJ STABLI DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22870	INSJ STABLI DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
22899	UNLISTED PROCEDURE SPINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
22999	UNLISTED PX ABDOMEN MUSCSKEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

		AD Citation December (see Section 1)	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
23929	UNLISTED PROCEDURE SHOULDER	to avoid post-service review.	
		Unlisted or Undefined: Procedures/services not	-
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
24300	MNPJ ELBOW UNDER ANES	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
24999	LINUISTED DV HUMAERIUS /ELDOVA	Unlisted: Procedure/service not specifically defined or	
24999	UNLISTED PX HUMERUS/ELBOW	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
25259	MANIPULATE WRIST W/ANESTHES	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		Unlisted: Procedure/service not specifically defined or	
25999	UNLISTED PX FOREARM/WRIST	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
26340	MANIPULATE FINGER W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review	
200 .0		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
26341	MANIPULAT PALM CORD POST INJ	Policy Criteria. Submit for Recommended Clinical Review	
20541	MANIFOLAT FALM COND FOST IN	to avoid post-service review.	_
	UNLISTED PX HANDS/FINGERS	Unlisted: Procedure/service not specifically defined or	
26989			_
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
27275	MANURUI ATION OF LUR IOINT		
27275	MANIPULATION OF HIP JOINT	Policy Criteria. Submit for Recommended Clinical Review _	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
27299	UNLISTED PX PELVIS/HIP JOINT	to avoid post-service review.	
	·	Unlisted or Undefined: Procedures/services not	_
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
27703	RECONSTRUCTION ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
27860	FIXATION OF ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
27900	LINUISTED DV LEG /ANIVLE	Unlisted: Procedure/service not specifically defined or	
27899	UNLISTED PX LEG/ANKLE	classified, maybe subject to contract/clinical review.	-
		Elli Procedure (consists not reimbureed by the Plan Net	
20000		EIU: Procedure/service not reimbursed by the Plan. Not	
28890	HI ENRGY ESWT PLANTAR FASCIA	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	

		Unlisted: Procedure/service not specifically defined or
28899	UNLISTED PX FOOT/TOES	classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the
29440	Addition Of Walker To Cast	Plan. Not subject to pre-service review.
		Unlisted: Procedure/service not specifically defined or
29799	UNLISTED PX CASTING/STRPG	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Policy Criteria. Submit for Recommended Clinical Review
	7.0.0 Firm Ett MILE 17/3001 E	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
29914	HIP ARTHRO W/FEMOROPLASTY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
29915	HIP ARTHRO ACETABULOPLASTY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
29916	HIP ARTHRO W/LABRAL REPAIR	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
20000	LINUSTED DV ARTUROSCORY	to avoid post-service review.
29999	UNLISTED PX ARTHROSCOPY	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
30468	RPR NSL VLV COLLAPSE W/IMPLT	subject to pre-service review. Check EIU policy, which is
30-100	M MASE VEV COLEMI SE VV/IIVIFEI	one of our Clinical Payment and Coding Policy (CPCP).
		one of our chinical rayment and country for or j.
		EIU: Procedure/service not reimbursed by the Plan. Not
30469	RPR NSL VLV COLLAPSE W/RMDLG	subject to pre-service review. Check EIU policy, which is 1/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		Unlisted: Procedure/service not specifically defined or
30999	UNLISTED PROCEDURE NOSE	classified, maybe subject to contract/clinical review.
		Prior Authorization may be required per contract
		agreement. Unlicted: Procedure/service not specifically defined or
		Unlisted: Procedure/service not specifically defined or
31299	UNLISTED PX ACCESSORY SINUS	classified, maybe subject to contract/clinical review.
		Prior Authorization may be required per contract
		agreement. Unlisted: Procedure/service not specifically defined or
31599	UNLISTED PROCEDURE LARYNX	
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
31899	UNLISTED PX TRACHEA BRONCHI	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
32994	ABLATE PULM TUMOR PERQ CRYBL	Policy Criteria. Submit for Recommended Clinical Review
32334	ADEATE I DEIVITORION FERQ CRIDE	to avoid post-service review.
		το ανοία μοσε-σεί νίοε Τονίου.

		MP Criteria: Procedure/service reviewed against Medical
32998	ABLATE PULM TUMOR PERQ RF	·
32990	ABLATE POLIVI TOWOR PERQ RF	Policy Criteria. Submit for Recommended Clinical Review
		Unlisted: Procedure/service not specifically defined or
32999	UNLISTED PX LUNGS & PLEURA	
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
33211	INCEPT CARD ELECTRODES DUAL	
33211	INSERT CARD ELECTRODES DUAL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
22267	EVELLA A ODENLANIVA AFTLIOD	MP Criteria: Procedure/service reviewed against Medical
33267	EXCL LAA OPEN ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33268	EXCL LAA OPN OTH PX ANY METH	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33269	EXCL LAA THRSCP ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33274	TCAT INSJ/RPL PERM LDLS PM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33275	Tcat Rmvl Perm Ldls Pm W/Img	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33285	INSJ SUBQ CAR RHYTHM MNTR	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33418	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33419	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
33542	Removal Of Heart Lesion	Policy Criteria. Submit for Recommended Clinical Review _
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
33999	UNLISTED PX CARDIAC SURGERY	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
36299	UNLISTED PX VASCULAR NJX	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
36465	NJX NONCMPND SCLRSNT 1 VEIN	·
30403	INTO INCINICIALING OCCUDINI I ACIM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.

		MP Criteria: Procedure/service reviewed against Medical			
36466	NJX NONCMPND SCLRSNT MLT VN	Policy Criteria. Submit for Recommended Clinical Review _	-	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36468	NJX SCLRSNT SPIDER VEINS	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36471	NJX SCLRSNT MLT INCMPTNT VN	Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.	_	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
36474	ENDOVENOUS MCHNCHEM ADD-ON	subject to pre-service review. Check EIU policy, which is _	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
36475	ENDOVENOUS RF 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36476	ENDOVENOUS RF VEIN ADD-ON	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36478	ENDOVENOUS LASER 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
36479	ENDOVENOUS LASER VEIN ADDON	Policy Criteria. Submit for Recommended Clinical Review _			
		to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
36482	ENDOVEN THER CHEM ADHES 1ST	Policy Criteria. Submit for Recommended Clinical Review _			
	2.12.3.12.1. 0.12.11/1.10112.3.101	to avoid post-service review.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
36483	ENDOVEN THER CHEM ADHES SBSQ	Policy Criteria. Submit for Recommended Clinical Review _			
30403	LINDOVLIN THEN CHEIVI ADRES SESQ	-	_	-	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
26546	Ash and the many to the	Policy Criteria. Submit for Recommended Clinical Review			
36516	Apheresis Immunoads Slctv	to avoid post-service review. Prior Authorization may be —	-	-	
		required per contract agreement.			
		. 344			
		EIU: Procedure/service not reimbursed by the Plan. Not			
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	subject to pre-service review. Check EIU policy, which is 1/1/2023			
30030	THE AVISIC CHIS SAIN LACS	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		one of our chilical rayment and county rolley (crer).			

		EIU: Procedure/service not reimbursed by the Plan. Not		
36837	PRQ AV FSTL CRT UXTR SEP ACS	subject to pre-service review. Check EIU policy, which is 1/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
	PHOTOPHERESIS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
36522		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37215	TRANSCATH STENT CCA W/EPS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37216	TRANSCATH STENT CCA W/O EPS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37217	STENT PLACEMT RETRO CAROTID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37218	STENT PLACEMT ANTE CAROTID	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37244	VASC EMBOLIZE/OCCLUDE BLEED	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	-
27504	LINUIGTED VACCETAID COORDY BY	Unlisted: Procedure/service not specifically defined or		
37501	UNLISTED VASC ENDOSCOPY PX	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
37500	ENDOSCOPY LIGATE PERF VEINS	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37700	REVISE LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
37718	LIGATE/STRIP SHORT LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review _		_
	•	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
37722	LIGATE/STRIP LONG LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review _		
	•	to avoid post-service review.	_	_

		MP Criteria: Procedure/service reviewed against Medical		
37735	REMOVAL OF LEG VEINS/LESION	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37760	LIGATE LEG VEINS RADICAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37761	LIGATE LEG VEINS OPEN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
37765	STAB PHLEB VEINS XTR 10-20	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
37766	PHLEB VEINS - EXTREM 20+	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
37780	REVISION OF LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review _		
0.7.00		to avoid post-service review.	_	-
		Unlisted: Procedure/service not specifically defined or		
37799	UNLISTED PX VASCULAR SURGERY	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
38129	UNLISTED LAPS PX SPLEEN	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
37785	LIGATE/DIVIDE/EXCISE VEIN	Policy Criteria. Submit for Recommended Clinical Review		
37703	LIGATE/DIVIDE/EXCISE VEIN	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
38204	BL DONOR SEARCH MANAGEMENT	Policy Criteria. Submit for Recommended Clinical Review _		
30204	BL DONOR SEARCH IVIANAGEIVIENT		-	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
20205	LIADVECT ALITO CTEMA CELLC	Policy Criteria. Submit for Recommended Clinical Review		
38206	HARVEST AUTO STEM CELLS	to avoid post-service review. Prior Authorization may be —	-	_
		required per contract agreement.		
20205	HARVEST ALLOGENESS STEAM SELV	MP Criteria: Procedure/service reviewed against Medical		
38205	HARVEST ALLOGENEIC STEM CELL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38207	CRYOPRESERVE STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38208	THAW PRESERVED STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38209	WASH HARVEST STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
38210	T-CELL DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38211	TUMOR CELL DEPLETE OF HARVST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38212	RBC DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38213	PLATELET DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
38214	VOLUME DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		·		
		MP Criteria: Procedure/service reviewed against Medical		
38230	BONE MARROW HARVEST ALLOGEN	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
38215	HARVEST STEM CELL CONCENTRTE	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
38232	BONE MARROW HARVEST AUTOLOG	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		·		
		MP Criteria: Procedure/service reviewed against Medical		
38241	TRANSPLT AUTOL HCT/DONOR	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
38240	TRANSPLT ALLO HCT/DONOR	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
38242	TRANSPLT ALLO LYMPHOCYTES	Policy Criteria. Submit for Recommended Clinical Review _		
30272	TO AND ET ALLO ETWI TIOCTILO	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
38243	TRANSPLI HEMATOPOIETIC BOOST	Policy Criteria. Submit for Recommended Clinical Review _		
30243	I KANSPLI HEMATUPULETIC BUUST		_	-
		to avoid post-service review. Unlisted: Procedure/service not specifically defined or		
38589	UNLISTED LAPS PX LYMPHTC SYS		_	_
		classified, maybe subject to contract/clinical review.		
38999	UNLISTD PX HEMIC/LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
39499	UNLISTED PX MEDIASTINUM	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.	=	

39599	UNLISTED PX DIAPHRAGM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
40799	UNLISTED PROCEDURE LIPS	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
40899	UNLISTED PX VESTIBULE MOUTH	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
41530	TONGUE BASE VOL REDUCTION	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	
41599	UNLISTED PX TONGUE FLR MOUTH	Unlisted: Procedure/service not specifically defined or	
41599	UNLISTED PX TONGUE FLK MOUTH	classified, maybe subject to contract/clinical review.	
41020	Fusiaina Cura Fach Quadrant	Non Covered: Procedure/service not covered by the	
41820	Excision Gum Each Quadrant	Plan. Not subject to pre-service review.	
44004	5 0(0 . 5)	Non Covered: Procedure/service not covered by the	
41821	Excision Of Gum Flap	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41822	Excision Of Gum Lesion	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41823	Excision Of Gum Lesion	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41828	Excision Of Gum Lesion	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41830	Removal Of Gum Tissue	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41870	Gum Graft	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41872	Repair Gum	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
41874	Repair Tooth Socket		
		Plan. Not subject to pre-service review.	
41899	UNLISTED PX DENTALVLR STRUX	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
42299	UNLISTED PX PALATE UVULA	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
42699	UNLISTED PX SALIVRY GLND/DUX	Unlisted: Procedure/service not specifically defined or	
	·	classified, maybe subject to contract/clinical review.	
42999	UNLISTED PX PHRNX ADND/TNSL	Unlisted: Procedure/service not specifically defined or	
	,	classified, maybe subject to contract/clinical review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
43206 ESC	ESOPH OPTICAL ENDOMICROSCOPY	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	
		MP Criteria: Procedure/service reviewed against Medical	
38308	INCISION OF LYMPH CHANNELS	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		·	

43252	EGD OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
43236	UPPR GI SCOPE W/SUBMUC INJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
43289	UNLISTED LAPS PX ESOPH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43290	EGD FLX TRNSORL DPLMNT BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023
43291	EGD FLX TRNSORL RMVL BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43632	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 6/1/2023
43633	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43645	LAP GASTR BYPASS INCL SMLL I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43770	LAP PLACE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43771	LAP REVISE GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
43772	LAP RMVL GASTR ADJ DEVICE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

		MP Criteria: Procedure/service reviewed against Medical
43773	LAP REPLACE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43774	LAP RMVL GASTR ADJ ALL PARTS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43775	LAP SLEEVE GASTRECTOMY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43842	V-BAND GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43843	GASTROPLASTY W/O V-BAND	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43845	GASTROPLASTY DUODENAL SWITCH	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43846	GASTRIC BYPASS FOR OBESITY	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43847	GASTRIC BYPASS INCL SMALL I	Policy Criteria. Submit for Recommended Clinical Review
13017	GASTATO STATES THE STATES TO	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43848	REVISION GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review
43040	REVISION GASTROI EAST I	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
43886	DEVICE CASTRIC DORT ODEN	
43880	REVISE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
43999	UNLISTED PROCEDURE STOMACH	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or
	S. LIOTED IX MEDICE S D THIOLIN	classified, maybe subject to contract/clinical review.
44979	UNLISTED LAPS PX APPENDIX	Unlisted: Procedure/service not specifically defined or
17373	ONLISTED EN STAALTENDIA	classified, maybe subject to contract/clinical review.
45399	UNLISTED PROCEDURE COLON	Unlisted: Procedure/service not specifically defined or
73333	ONLISTED FROCEDURE COLON	classified, maybe subject to contract/clinical review.
45400	LADADOSCODE DDOC DECTUM	Unlisted: Procedure/service not specifically defined or
45499	LAPAROSCOPE PROC RECTUM	classified, maybe subject to contract/clinical review.
45000	LINUISTED DROCEDURE RECTUM	Unlisted: Procedure/service not specifically defined or
45999	UNLISTED PROCEDURE RECTUM	classified, maybe subject to contract/clinical review.
		, -,,

MP Criteria: Procedure/service review. 47370 LAPARO ABLATE LIVER TUMOR RF Policy Criteria. Submit for Recommended Clinical Review			
APP99 UNLISTED PROCEDURE ANUS UNISED Procedure/service not specifically defined or desident of the contract / Unised Procedure/service not specifically defined or desident of the contract / Unised Procedure/service not specifically defined or desident whether and the contract / Unised Procedure/service networked against Medical Procedure/service networked united Procedure/service networked united Procedure/service networked against Medical Procedure/service networked united Procedure/service networked against Medical Procedure/service networked against Medical Procedure/service networked united Procedure/service networked against Medical Procedure/service networked against Medical Procedure/service networked against Medical Procedure/service networked against Medical Procedure/service networked Initial Review to avoid post service review. 47399 UNLISTED PROCEDURE (UNER UNISED PROCEDURE (UNER UNISED PROCEDURE (UNISED PROCEDURE (UNISED PROCEDURE (UNISED PROCEDURE (UNISED PROCEDURE)) Procedure/service net specifically defined or desident procedure/service networked against Medical Procedure/service networke	46707	REPAIR ANORECTAL FIST W/PLLIG	
August Micros M		11. T.	
MP Criteria Procedury/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	46999	UNLISTED PROCEDURE ANUS	
ABBAT REMOVE GASTRIC PORT OPEN Policy Citeria, Submit for Recommended Clinical Review			
17379 UNUSTED LAPS PX LIVER CLISATION CONTROL PROCESSING PROCESSIN	43887	REMOVE GASTRIC PORT OPEN	·
ASSIRED DAYS ALTERN CASSIRED, POR TOPEN CASSIRED, PORT OPEN PROCESS AUTHOR OF POLICY CITETIAS - Procedure/service reviewed against Medical Policy Citetia Submit for Recommended Clinical Review Cassiman Cassima	10001		
dassified, maybe subject to contract/clinical review.	47270	LINUIGTED LANC DV LIVED	Unlisted: Procedure/service not specifically defined or
HARRE CHANGE GASTRIC PORT OPEN Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Submit for Recommended	4/3/9	UNLISTED LAPS PX LIVER	classified, maybe subject to contract/clinical review.
To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 47370 LAPARO ABLATE LIVER TUMOR RF Policy Criteria. Submit for Recommended Clinical Review			MP Criteria: Procedure/service reviewed against Medical
MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review	43888	CHANGE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review
47370 LAPARO ABLATE LIVER TUMOR RF to avoid post-service review. 47399 UNLISTED PROCEDURE LIVER Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review			•
to avoid post-service review. 47399 UNUSTED PROCEDURE LIVER Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47579 UNUSTED LAPS PX BILLARY TRC Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47679 UNUSTED PX BILLARY TRACT Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47699 UNUSTED PROCEDURE PANCREAS Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED PROCEDURE PANCREAS Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED LAPS PX ABD PERTM&OMN Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not ontract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not contract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not contract/clinical review. 47700 UNUSTED PX ABD PERTM&OMN Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47700 UNUSTED PX ABD PX RENAL UNLISTED PX PX RENAL Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 50549 UNUSTED LAPS PX RENAL Unlisted. Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 50550 CRYOABLATE RENAL MASS OPEN POLICy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 50560 TRANSPLANTATION OF KIDNEY POLICY Cr	47070		·
UNLISTED PROCEDURE LIVER classified, maybe subject to contract/clinical review.	47370	LAPARO ABLATE LIVER TUMOR RF	·
dassified, maybe subject to contract/clinical review.			
47579 UNLISTED LAPS PX BILLARY TRC dasified, maybe subject to contract/clinical review.	47399	UNLISTED PROCEDURE LIVER	·
dassified, maybe subject to contract/clinical review.			
Unlisted Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	47579	UNLISTED LAPS PX BILIARY TRC	·
Also UNLISTED PROCEDURE PANCREAS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
UNLISTED PROCEDURE PANCREAS UNLISTED LAPS PX ABD PERTM&OMN UNLISTED LAPS PX ABD PERTM&OMN UNLISTED LAPS PX ABD PERTM&OMN UNLISTED LAPS PX HRNAP HRNRPHY 49329 UNLISTED LAPS PX HRNAP HRNRPHY UNLISTED LAPS PX HRNAP HRNRPHY UNLISTED LAPS PX HRNAP HRNRPHY 49999 UNLISTED PX ABD PERTM&OMN UNLISTED LAPS PX RENAL UNLISTED LAP	47999	UNLISTED PX BILIARY TRACT	
dassified, maybe subject to contract/clinical review.			
49329 UNLSTD LAPS PX ABD PERTM&OMN classified, maybe subject to contract/clinical review.	48999	UNLISTED PROCEDURE PANCREAS	
Lossified, maybe subject to contract/clinical review. 49659 UNLSTD LAPS PX HRNAP HRNRPHY Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 49999 UNLISTED PX ABD PERTM&OMN Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. 47380 OPEN ABLATE LIVER TUMOR RF Policy Criteria. Submit for Recommended Clinical Review days against Medical Policy Criteria. Submit for Recommended Clinical Review days and the classified and post-service review. 47382 PERCUT ABLATE LIVER RF Policy Criteria. Submit for Recommended Clinical Review days and post-service review. 47382 UNLISTED LAPS PX RENAL Unlisted: Procedure/service rot specifically defined or classified, maybe subject to contract/clinical review. MP Criteria: Procedure/service review. MP Criteria: Submit for Recommended Clinical Review days and the clinical Review days and post-service review. MP Criteria: Procedure/service review. MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. ABP Criteria: Procedure/service review days and Medical MP Criteria: Procedure/service review days and Medical TRANSPLANTATION OF KIDNEY Policy Criteria. Submit for Recommended Clinical Review days and Medical No criteria: Procedure/service review days and Medical MP Criteria: Procedure/service review days and Medical TRANSPLANTATION OF KIDNEY Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review days and Medical Policy Criteria. Submit for Recommended Clinical Review da	40220	LINUCTO LADO DV ADD DEDTAGO OMAN	
Classified, maybe subject to contract/clinical review.	49329	UNLSTD LAPS PX ABD PERTINAUMIN	classified, maybe subject to contract/clinical review.
Lassified, maybe subject to contract/clinical review.	49659	LINI STO LAPS BY HRNAP HRNRPHY	Unlisted: Procedure/service not specifically defined or
A9999 UNLISTED PX ABD PERTIM&OMN classified, maybe subject to contract/clinical review.	45055	ONESTO EALSTATINIVAL TIMINICITI	
Classified, maybe subject to contract/clinical review.	49999	UNLISTED PX ABD PERTM&OMN	
47380 OPEN ABLATE LIVER TUMOR RF Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 47382 PERCUT ABLATE LIVER RF Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review. 50549 UNLISTED LAPS PX RENAL Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 47382 PERCUT ABLATE LIVER RF Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 50549 UNLISTED LAPS PX RENAL Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	47000	00511 401 475 111/50 7111400 05	-
MP Criteria: Procedure/service reviewed against Medical 47382 PERCUT ABLATE LIVER RF Policy Criteria. Submit for Recommended Clinical Review	47380	OPEN ABLATE LIVER TUMOR RF	
PERCUT ABLATE LIVER RF Policy Criteria. Submit for Recommended Clinical Review			
to avoid post-service review. 50549 UNLISTED LAPS PX RENAL UNLISTED LAPS PX LIRETER UNlisted: Procedure/service not specifically defined or UNLISTED LAPS PX LIRETER Unlisted: Procedure/service not specifically defined or	17382	DERCLIT ARI ATE LIVER RE	-
UNLISTED LAPS PX RENAL UNLISTED LAPS PX LIRETER Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	47302	PERCOT ABLATE LIVER NI	
Classified, maybe subject to contract/clinical review.			
MP Criteria: Procedure/service reviewed against Medical 50250 CRYOABLATE RENAL MASS OPEN Policy Criteria. Submit for Recommended Clinical Review	50549	UNLISTED LAPS PX RENAL	
50250 CRYOABLATE RENAL MASS OPEN Policy Criteria. Submit for Recommended Clinical Review			
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 50360 TRANSPLANTATION OF KIDNEY Policy Criteria. Submit for Recommended Clinical Review	50250	CRYOABLATE RENAL MASS OPEN	-
50360 TRANSPLANTATION OF KIDNEY Policy Criteria. Submit for Recommended Clinical Review			·
to avoid post-service review. UNUSTED LAPS PX URETER Unlisted: Procedure/service not specifically defined or			MP Criteria: Procedure/service reviewed against Medical
Unlisted: Procedure/service not specifically defined or	50360	TRANSPLANTATION OF KIDNEY	Policy Criteria. Submit for Recommended Clinical Review
150949 UNUSTED LAPS PX URETER			· · · · · · · · · · · · · · · · · · ·
classified, maybe subject to contract/clinical review.	50949	UNLISTED LAPS PX URETER	
			classified, maybe subject to contract/clinical review.

		NAD Criteria, Durandous Januica un incord anninat Nandisal		
		MP Criteria: Procedure/service reviewed against Medical		
50592	PERC RF ABLATE RENAL TUMOR	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
51999	UNLISTED LAPS PX BLADDER	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
50593	PERC CRYO ABLATE RENAL TUM	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
51715	ENDOSCOPIC INJECTION/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
52327	CYSTOSCOPY INJECT MATERIAL	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
52441	CYSTOURETHRO W/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review		
	,	to avoid post-service review.	_	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
53860	TRANSURETHRAL RF TREATMENT	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		Unlisted: Procedure/service not specifically defined or		
53899	UNLISTED PX URINARY SYSTEM	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
52442	CVSTOLIBETHEO M/ADDL IMADLANT	·		
32442	CTSTOORETHRO W/ADDL IIVIPLANT	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
E20FF	INICEDE DEOCT LIBETURAL CTENT			
53855	ENDOSCOPIC INJECTION/IMPLANT CYSTOSCOPY INJECT MATERIAL CYSTOURETHRO W/IMPLANT TRANSURETHRAL RF TREATMENT	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
54405	DEL AQUAL DE DELUG	MP Criteria: Procedure/service reviewed against Medical		
54125	REMOVAL OF PENIS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54200	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review _	_	=
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54205	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54235	Penile Injection	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
54400	INSERT SEMI-RIGID PROSTHESIS	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
54401	INSERT SELF-CONTD PROSTHESIS	Policy Criteria. Submit for Recommended Clinical Review		
	3 2 2 2	to avoid post-service review.	_	_
		to arola post service review.		

JUNISTED LAPS PX ISINS Classified, maybe subject to contract/fainted or			Unlisted: Procedure/service not specifically defined or	
UNISTELAPS PX SPRIMATIC CORD Classified, multiple solider to entract/climical review	54699	UNLISTED LAPS PX TESTIS		
ABC TETER Procedure / Previous Previou				
MP Creteria Procedury/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	55559	UNLSTD LAPS PX SPRMATIC CORD		
SABO INSERT MULTI-COMP PENIS PROS Policy Criterias Justine for Recommended Clinical Review to award good service review. MP Criterias Submit for Recommended Clinical Review 1 award post-service review against Medical Policy Criterias Justine for Recommended Clinical Review 1 award post-service review. 1 Justicated or classified, maybe subject to contract/ficinical review. 2 Justicated or classified, maybe subject to contract/ficinical review. 3 MP Criterias Procedure/Service reviewed against Medical Policy Criterias Justine for Recommended Clinical Review 1 award post-service review. 3 MP Criterias Justine for Recommended Clinical Review 2 award post-service review. 3 MP Criterias Justine for Recommended Clinical Review 3 The policy Criterias Justine for Recommended Clinical Review 4 award post-service review. 4 MP Criterias Justine for Recommended Clinical Review 5 Award post-service review. 5 MP Criterias Justine for Recommended Clinical Review 5 Award post-service review. 5 MP Criterias Justine for Recommended Clinical Review 5 Award post-service review. 5 MP Criterias Justine for Recommended Clinical Review 5 Award post-service review. 6 MP Criterias Justine for Recommended Clinical Review 5 Award post-service review. 6 MP Criterias Justine for Recommended Clinical Review 7 Device of the Service review. 7 Award Criterias Justine for Recommended Clinical Review 7 Device of the Service review. 8 MP Criterias Justine for Recommended Clinical Review 9 Device of the Service review. 9 Award Criterias Justine for Recommended Clinical Review 9 Device of the Service review. 9 Award Criterias Justine for Recommended Clinical Review 9 Device of the Service review against Medical 9 Policy Criterias Justine for Recommended Clinical Review 9 Device of the Service review against Medical 9 Policy Criterias Justine for Recommended Clinical Review 9 Device of the Service				
To avoid post-service review. ### Contrain Procedure/Service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Unilisted or Undefined: Procedure/Service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Unilisted or Undefined: Procedure/Service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review ###################################	54405	INSERT MULTICOMP DENIS DROS		
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review UNILISTED PX MALE GENITAL SYS 10 AVOID post-service review. Unilisted or classified, maybe subject to contract/clinical review contract/clinical review contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review contract/clinical review contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review contract/clinical review contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review contract Pol	34403	INSERT MOETI-COMIT LEMST NOS		
Policy Criteria, Submit for Recommended Clinical Review 1				
15899 UNISTED PX MALE GENITAL SYS 15899 UNISTED PX MALE GENITAL SYS 15890 UNISTED PX				
Unlisted or Undefined: Procedure/service not specifically defined or classified, may be subject to contact/clain/cal review. APP. Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. ABLI MAL PRST8 TISS HIFU Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. SS880 ABLI MAL PRST8 TISS HIFU Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. SS870 SEX TRANSFORMATION M TO F Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. SS880 SEX TRANSFORMATION FTO M Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review to avoid post-service review decing Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review decing Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review decing Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review decing Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Revie			·	
specifically defined or classified, maybe subject to contract/clinical review. MP Citteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	55899	UNLISTED PX MALE GENITAL SYS	·	
SARPAIR CLITORIS REPAIR CLITORIS REPAIR OF PERINEUM REPAIR OF VAGINA MP Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed No Criteria: Procedury/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed Repairs CLITORIS REPAIR CLITORIS REPAIR CLITORIS Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Un avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Un avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Un avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Un avoid post-service reviewed against Medical			·	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-se				
See Beautiful Procedure Service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Against Medical Policy Criteria. Submit for Recommended Clinical Review Loavid post-service reviews Agains				
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 10 avoid post-service reviewed against Medical Po				
MP Criteria: Procedure/service reviewed against Medical 55880 ABLTJ MAL PRST8 TISS HIFU Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 75970 SEX TRANSFORMATION M TO F Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical 75980 SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 75980 SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 75980 REPAIR CLITORIS Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 75880 REPAIR OF PERINEUM Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 758810 REPAIR OF PERINEUM Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 757291 CONSTRUCTION OF VAGINA Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 757292 CONSTRUCT VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 758292 CONSTRUCT VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical 758292 UNLISTED LAPS PX UTERUS Unlisted: Procedure/service not specifically defined or Classified, maybe subject to contract/clinical review. Classified, paybe subject to contract	54660	REVISION OF TESTIS	Policy Criteria. Submit for Recommended Clinical Review	
ABLTJ MAL PRST8 TISS HIFU Policy Criteria. Submit for Recommended Clinical Review				
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 55970 SEX TRANSFORMATION M TO F Delicy Criteria. Submit for Recommended Clinical Review To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical S5980 SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical S6805 REPAIR CLITORIS Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service review against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service review against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service review Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Journal of Recommended Clinical Review Journ			MP Criteria: Procedure/service reviewed against Medical	
MP Criteria: Procedure/service reviewed against Medical 55970 SEX TRANSFORMATION M TO F Policy Criteria. Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical 55980 SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Forestime of the procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. Ses TRANSFORMATION FTO M UNISTED LAPS PX UTERUS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or	55880	ABLTJ MAL PRST8 TISS HIFU	Policy Criteria. Submit for Recommended Clinical Review	
SEX TRANSFORMATION M TO F Policy Criteria. Submit for Recommended Clinical Review 1 to avoid post-service review. MP Criteria. Procedure/service review against Medical SERVIN STRUCTION OF VAGINA POLICY TO MEDICAL CONSTRUCT VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review 1 to avoid post-service review. MP Criteria. Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service review. MP Criteria. Submit for Recommended Clinical Review 1 a void post-service revi			to avoid post-service review.	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Reviewed To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Reviewed To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Reviewed To avoid post-service reviewed against Medi			MP Criteria: Procedure/service reviewed against Medical	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Sestora UNLISTED LAPS PX UTERUS UNLISTED LAPS PX UTERUS UNLISTED LAPS PX OVIDCT OVRY classified, maybe subject to contract/clinical review	55970	SEX TRANSFORMATION M TO F	Policy Criteria. Submit for Recommended Clinical Review	
SEX TRANSFORMATION F TO M Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. Ses78 UNLISTED LAPS PX UTERUS UNLISTED LAPS PX UTERUS UNLISTED LAPS PX UTERUS UNLISTED LAPS PX UTERUS UNLISTED LAPS PX OVIDCT OVRY Classified, maybe subject to contract/clinical review. UNLISTED LAPS PX UTERUS UNLISTED LAPS PX OVIDCT OVRY Classified, maybe subject to contract/clinical review. UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX MURGENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX MURGENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX MURGENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENI			to avoid post-service review.	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clini			MP Criteria: Procedure/service reviewed against Medical	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Submit for Recomm	55980	SEX TRANSFORMATION F TO M	Policy Criteria. Submit for Recommended Clinical Review	
Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical MP Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlusted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			to avoid post-service review.	
Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical MP Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlusted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			MP Criteria: Procedure/service reviewed against Medical	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review To avoid post-service reviewed. UNLISTED LAPS PX UTERUS UNILISTED LAPS PX UTERUS UNILISTED HYSTSC PX UTERUS UNILISTED LAPS PX OVIDCT OVRY Classified, maybe subject to contract/clinical review. Class	56805	REPAIR CLITORIS		
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical CONSTRUCTION OF VAGINA Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Revi				
REPAIR OF PERINEUM Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Construct VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review Construct VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review Construct VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review Construct VAGINA WITH GRAFT VAIVE VAGINA WITH GRAF				
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. NP Criteria: Procedure/service not specifically defined or classified. NP Criteria: Procedure/service not specifically defined or classified. NP Cr	56810	REPAIR OF PERINEUM		
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. To avoid post-service reviewed. To	30010			
CONSTRUCTION OF VAGINA Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Policy Criteria. Submit for Reco			·	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Folicy Criteria. Submit for Recommended Clinical Review	57291	CONSTRUCTION OF VAGINA	·	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	3,231	construction of whomin		
CONSTRUCT VAGINA WITH GRAFT Policy Criteria. Submit for Recommended Clinical Review				
to avoid post-service review. 58578 UNLISTED LAPS PX UTERUS UNLISTED HYSTSC PX UTERUS UNLISTED HYSTSC PX UTERUS UNLISTED LAPS PX OVIDCT OVRY UNLISTED LAPS PX OVIDCT OVRY UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX OVIDCT OVRY to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	57202	CONSTRUCT VACINA WITH CRAFT		
UNLISTED LAPS PX UTERUS UNLISTED HYSTSC PX UTERUS UNLISTED HYSTSC PX UTERUS UNLISTED LAPS PX OVIDCT OVRY UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX UTERUS UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS	37292	CONSTRUCT VACINA WITH GRAFT		
Classified, maybe subject to contract/clinical review.				
UNLISTED HYSTSC PX UTERUS UNLISTED HYSTSC PX UTERUS UNLISTED LAPS PX OVIDCT OVRY UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENITAL SYS UNLISTED PX FML GENITAL SYS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	58578	UNLISTED LAPS PX UTERUS		
Classified, maybe subject to contract/clinical review.				
UNLISTED LAPS PX OVIDCT OVRY UNLISTED LAPS PX OVIDCT OVRY UNLISTED PX FML GENITAL SYS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. – – – – – – – – – – – – – – – – – – –	58579	UNLISTED HYSTSC PX UTERUS		
Classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —				
58999 UNLISTED PX FML GENITAL SYS Unlisted: Procedure/service not specifically defined or	58679	UNLISTED LAPS PX OVIDCT OVRY		
58999 UNLISTED PX FML GENTIAL SYS				
classified, maybe subject to contract/clinical review.	58999	UNLISTED PX FML GENITAL SYS		
			classified, maybe subject to contract/clinical review.	

		AAD Criteria Duna duna (amina un incued amina hAndira)
57005	REPAIR VAGINA	MP Criteria: Procedure/service reviewed against Medical
57335		Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
59897	UNLISTED FETAL INVAS PX W/US	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
59898	UNLSTD LAPS PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
59899	UNLISTED PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
60659	UNLISTED LAPS PX ENDOC SYS	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
60699	UNLISTED PX ENDOCRINE SYSTEM	to avoid post-service review.
		Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
61630	INTRACRANIAL ANGIOPLASTY	subject to pre-service review. Check EIU policy, which is
01030	TOTACHARIAE ARGIOT EASTT	one of our Clinical Payment and Coding Policy (CPCP).
		one of our Chinical Payment and County (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
57426	REVISE PROSTH VAG GRAFT LAP	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
59074	FETAL FLUID DRAINAGE W/US	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
61635	INTRACRAN ANGIOPLSTY W/STENT	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
62262	EDIDLIDAL LYCIC MILL TO CECCIONIC	
62263	EPIDURAL LYSIS MULT SESSIONS	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		FILL Dragadura/consists not reimburged by the Dian Not
62264	EDIDLIDAL LYCIC ON CINICIE 2 27	EIU: Procedure/service not reimbursed by the Plan. Not
62264	EPIDURAL LYSIS ON SINGLE DAY	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		FILL Dragadura/consists not reimburged by the Dlan Not
	DCMADDALDV DEDO 4 /MALTILLIMADA	EIU: Procedure/service not reimbursed by the Plan. Not
62287	DCMPRN PX PERQ 1/MLT LUMBAR	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
64582		-
	OPN MPLTJ HPGLSL NSTM ARY PG	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
		required per contract agreement.

64628	TRML DSTRJ IOS BVN 1ST 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
	, in the second of the second	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
64629	TRML DSTRJ IOS BVN EA ADDL	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
61650	Evasc Pring Admn Rx Agnt 1St	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		Unlisted: Procedure/service not specifically defined or
64000	LINILICTED DV NEDVOLIC CVCTEM	classified, maybe subject to contract/clinical review.
64999	UNLISTED PX NERVOUS SYSTEM	Prior Authorization may be required per contract
		agreement.
65760	REVISION OF CORNEA	Non Covered: Procedure/service not covered by the
03700	REVISION OF CORNEA	Plan. Not subject to pre-service review.
		MP Criteria: Procedure/service reviewed against Medical
61651	Evasc Pring Admn Rx Agnt Add	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
64640	INJECTION TREATMENT OF NERVE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
65770	REVISE CORNEA WITH IMPLANT	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
66174	TRLUML DIL AQ O/F CAN W/O ST	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
66175	TRLUML DIL AQ O/F CAN W/ST	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
66179	AQUEOUS SHUNT EYE W/O GRAFT	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
66180	AQUEOUS SHUNT EYE W/GRAFT	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
66183	INSERT ANT DRAINAGE DEVICE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.

		Halistad Dragoduro / consist and sistematically defined an	
67299	UNLISTED PX POSTERIOR SEGMNT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-
		Unlisted: Procedure/service not specifically defined or	
67399	UNLISTED PX EXTRAOCULAR MUSC	classified, maybe subject to contract/clinical review.	_
		Unlisted: Procedure/service not specifically defined or	
67599	UNLISTED PROCEDURE ORBIT	classified, maybe subject to contract/clinical review.	_
		Classified, maybe subject to contract/ulinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
67900	REPAIR BROW DEFECT	Policy Criteria. Submit for Recommended Clinical Review	
67900	REPAIR BROW DEFECT	to avoid post-service review. Prior Authorization may be — — — —	-
		required per contract agreement.	
		MP Criteria: Procedure/service reviewed against Medical	
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
66991	XCAPSL CTRC RMVL INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
67901	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
67902	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
67903	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
67904	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	_
		Unlisted: Procedure/service not specifically defined or	
67999	UNLISTED PROCEDURE EYELIDS	classified, maybe subject to contract/clinical review.	-
		Unlisted: Procedure/service not specifically defined or	
68399	UNLISTED PX CONJUNCTIVA	classified, maybe subject to contract/clinical review.	-
50000	LINUSTED BY LACRIMAN SYSTEMA	Unlisted: Procedure/service not specifically defined or	
68899	UNLISTED PX LACRIMAL SYSTEM	classified, maybe subject to contract/clinical review.	-
		MP Criteria: Procedure/service reviewed against Medical	
67906	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
67908	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	_
50200	LIAU ICTED DV EVTEDNAL FAD	Unlisted: Procedure/service not specifically defined or	
69399	UNLISTED PX EXTERNAL EAR	classified, maybe subject to contract/clinical review.	_
		MP Criteria: Procedure/service reviewed against Medical	
69090	PIERCE EARLOBES	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	_
		- process of the second	

69300	REVISE EXTERNAL EAR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
69705	NPS SURG DILAT EUST TUBE UNI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
69706	NPS SURG DILAT EUST TUBE BI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69716	IMPL OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69719	RPLCM OI IMPLT SK TC ESP<100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
69799	UNLISTED PX MIDDLE EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
69949	UNLISTED PX INNER EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
69979	UNLISTED PX TEMPORAL BONE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76496	UNLISTED FLUOROSCOPIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76497	UNLISTED CT PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76498	UNLISTED MR PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76499	UNLISTED DX RADIOGRAPHIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
76999	ECHO EXAMINATION PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

77299	UNLISTED PX THER RAD TX PLNG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
77399	UNLISTED PX MED RADJ PHYSICS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
77499	UNLISTED PX THER RAD TX MGMT		_	_
		classified, maybe subject to contract/clinical review.		
77799	UNLISTED PX CLIN BRACHYTX	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		_
78099	UNLISTED ENDOCRINE PX DX NUC	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		-
78199	UNLSTD HEMATOP RET/ENDO LYMP	Unlisted: Procedure/service not specifically defined or		
, 0133		classified, maybe subject to contract/clinical review.		_
78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or		
70233	ONLISTED GITX DX NOC WED	classified, maybe subject to contract/clinical review.	_	-
78399	UNLISTED MUSCSKEL PX DX NUC	Unlisted: Procedure/service not specifically defined or		
70533	UNLISTED WIOSCSKEL PA DA NOC	classified, maybe subject to contract/clinical review.	-	-
70400	LINUISTED CV DV DV NUIS MED	Unlisted: Procedure/service not specifically defined or		
78499	UNLISTED CV PX DX NUC MED	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
78599	UNLISTED RESP PX DX NUC MED	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
78699	UNLISTED NRVS SYS PX DX NUC	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
78799	UNLISTED GU PX DX NUC MED	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
78999	UNLISTED MISC PX DX NUC MED	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
79999	RP THERAPY UNLISTED PX		_	_
		classified, maybe subject to contract/clinical review.		
80299	QUANTITATIVE ASSAY DRUG	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		_
81099	UNLISTED URINALYSIS PX	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
81479	UNLISTED MOLECULAR PATHOLOGY	classified, maybe subject to contract/clinical review.		
81475	ONLISTED MOLECOLART ATTIOLOGY	Prior Authorization may be required per contract —	_	-
		agreement.		
01500	LINUICTED MAAAA	Unlisted: Procedure/service not specifically defined or		
81599	UNLISTED MAAA	classified, maybe subject to contract/clinical review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
82523	COLLAGEN CROSSLINKS	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
69728	RMV NTR OI IMP SK TC>=100	Policy Criteria. Submit for Recommended Clinical Review 1/1/20	023	
03,20	MANY TELL OF HALL DIV LOV-100	to avoid post-service review.	_	-
		to avoid post-service review.		

83695	ASSAY OF LIPOPROTEIN(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83698	ASSAY LIPOPROTEIN PLA2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83701	LIPOPROTEIN BLD HR FRACTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83704	LIPOPROTEIN BLD QUAN PART	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83722	LIPOPRTN DIR MEAS SD LDL CHL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83937	ASSAY OF OSTEOCALCIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
83987	EXHALED BREATH CONDENSATE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
84112	EVAL AMNIOTIC FLUID PROTEIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
84431	THROMBOXANE URINE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
84999	UNLISTED CHEMISTRY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
85999	UNLISTED HEMATOLOGY&COAGJ PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
86001	ALLERGEN SPECIFIC IGG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

86328	IA NFCT AB SARSCOV2 COVID19	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
86343	LEUKOCYTE HISTAMINE RELEASE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
69730	RPLC OI IMPLT SK TC ESP>=100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 1/1/2023	
83006	Growth Stimulation Gene 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
86408	NEUTRLZG ANTB SARSCOV2 SCR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
86409	NEUTRLZG ANTB SARSCOV2 TITER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
86413	SARS-COV-2 ANTB QUANTITATIVE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
86486	SKIN TEST UNLISTED ANTIGN EA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
86769	SARS-COV-2 COVID-19 ANTIBODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	
86849	IMMUNOLOGY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
86911	BLOOD TYPING ANTIGEN SYSTEM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
86999	UNLISTED TRANSFUSION MED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
86353	LYMPHOCYTE TRANSFORMATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	

		MP Criteria: Procedure/service reviewed against Medical		
86950	Leukacyte Transfusion	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
87505	NFCT AGENT DETECTION GI	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
87797	DETECT AGENT NOS DNA DIR	Unlisted: Procedure/service not specifically defined or		
67737	DETECT AGENT NOS DINA DIN	classified, maybe subject to contract/clinical review.	_	_
87798	DETECT AGENT NOS DNA AMP	Unlisted: Procedure/service not specifically defined or		
8//98	DETECT AGENT NOS DINA AIVIP	classified, maybe subject to contract/clinical review.	-	-
07700	DETECT A CENT NOC DAYA OLIANIT	Unlisted: Procedure/service not specifically defined or		
87799	DETECT AGENT NOS DNA QUANT	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
87899	AGENT NOS ASSAY W/OPTIC	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
87999	UNLISTED MICROBIOLOGY PX	classified, maybe subject to contract/clinical review.	_	-
		Non Covered: Procedure/service not covered by the		
88000	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88005	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88007	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88012	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88014	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88016	AUTOPSY (NECROPSY) GROSS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
88020	AUTOPSY (NECROPSY) COMPLETE	·	_	_
		Plan. Not subject to pre-service review.		
88025	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
88027	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
88028	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the		
	<u> </u>	Plan. Not subject to pre-service review.		
88029	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
88036	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		-
88037	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.	_	-
88040	FORENSIC AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the		
555 10	. S. Ender to to to the fire to	Plan. Not subject to pre-service review.	-	-
88045	CORONERS AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the		
00043	COMONENS ACTOR ST (NECKOT ST)	Plan. Not subject to pre-service review.	-	-

		Non Covered: Procedure/service not covered by the
99999		Plan. Not subject to pre-service review.
	LINUISTED NECDORSY (AUTORSY)	
88099	UNLISTED NECROPSY (AUTOPSY)	Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
88199	UNLISTED CYTOPATHOLOGY PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
88299	UNLISTED CYTOGENETIC STUDY	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
88375	OPTICAL ENDOMICROSCPY INTERP	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
00200	LIMITED CHROICAL DATH DV	Unlisted: Procedure/service not specifically defined or
88399	UNLISTED SURGICAL PATH PX	classified, maybe subject to contract/clinical review.
00740	LIAN ICTED IN VIVO LAB CERVICE	Unlisted: Procedure/service not specifically defined or
88749	UNLISTED IN VIVO LAB SERVICE	classified, maybe subject to contract/clinical review.
00240	LINUISTED MAISS DATILITIES	Unlisted: Procedure/service not specifically defined or
89240	UNLISTED MISC PATH TEST	classified, maybe subject to contract/clinical review.
00250	CDVCDDFCFDV4TiQ4VF44DQVC/C	Non Covered: Procedure/service not covered by the
89258	CRYOPRESERVATION EMBRYO(S)	Plan. Not subject to pre-service review.
		MP Criteria: Procedure/service reviewed against Medical
87506	IADNA-DNA/RNA PROBE TQ 6-11	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
87507	IADNA-DNA/RNA PROBE TQ 12-25	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89259	CRYOPRESERVATION SPERM	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89335	CRYOPRESERVE TESTICULAR TISS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89337	CRYOPRESERVATION OOCYTE(S)	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
89342	STORAGE/YEAR EMBRYO(S)	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
89346	STORAGE (VEAR COCVIE(S)	Non Covered: Procedure/service not covered by the
075+0	STORAGE/YEAR OOCYTE(S)	Plan. Not subject to pre-service review.
89398	UNLISTED REPROD MED LAB PROC	Unlisted: Procedure/service not specifically defined or
0,5,50	CALISTED HELLHOD WILD LAD FROC	classified, maybe subject to contract/clinical review.

		MP Criteria: Procedure/service reviewed against Medical		
90378	RSV MAB IM 50MG	Policy Criteria. Submit for Recommended Clinical Review		
30370	NOV WIND IN SOME	to avoid post-service review. Prior Authorization may be —	_	-
		required per contract agreement.		
90399	UNLISTED IMMUNE GLOBULIN	Unlisted: Procedure/service not specifically defined or		
50333	CIVELSTED INVINIONE GEODOLIN	classified, maybe subject to contract/clinical review.	_	_
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the		
30304	Deligue vace Quad 2 Dose Subq	Plan. Not subject to pre-service review.		
90689	Vacc liv4 No Prsrv 0.25Ml Im	Non Covered: Procedure/service not covered by the		
30003	V dec 11V+ 140 1 131 V 0.231V11 1111	Plan. Not subject to pre-service review.		
90749	UNLISTED VACCINE/TOXOID	Unlisted: Procedure/service not specifically defined or		
30743	ONLISTED VACCINE, TOXOID	classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
89343	STORAGE/YEAR SPERM/SEMEN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
89344	STORAGE/YEAR REPROD TISSUE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90867	TCRANIAL MAGN STIM TX PLAN	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90868	TCRANIAL MAGN STIM TX DELI	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90869	TCRAN MAGN STIM REDETEMINE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		Retire effective
90870	ELECTROCONVULSIVE THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	12/31/2023	
		to avoid post-service review.		12/31/2023
00000	LIVENICTUEDADV	Non Covered: Procedure/service not covered by the	7/21/2022	Retire effective
90880	HYPNOTHERAPY	Plan. Not subject to pre-service review.	7/31/2023	07/31/2023
00000	DCV EVALUATION OF DECORDS	Non Covered: Procedure/service not covered by the		
90885	PSY EVALUATION OF RECORDS	Plan. Not subject to pre-service review.	-	-
00000	DDED A DATION OF DEDORT	Non Covered: Procedure/service not covered by the		
90889	PREPARATION OF REPORT	Plan. Not subject to pre-service review.	-	_
90899	LINUISTED DSVC SVC/THEDADY	Unlisted: Procedure/service not specifically defined or		
20023	UNLISTED PSYC SVC/THERAPY	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
90875	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
90876	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical			
90901	BIOFEEDBACK TRAIN ANY METH	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
90999	UNLISTED DIALYSIS PROCEDURE	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	=		
		MP Criteria: Procedure/service reviewed against Medical			
90912	BFB TRAINING 1ST 15 MIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
90913	BFB TRAINING EA ADDL 15 MIN	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
91034	Gastroesophageal Reflux Test	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
91035	G-Esoph Reflx Tst W/Electrod	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		Ellis Procedura/consists not raimburged by the Plan Net			
04.065	DDEATH HIVDDOCEN (AAETHANE TECT	EIU: Procedure/service not reimbursed by the Plan. Not			
91065	BREATH HYDROGEN/METHANE TEST	subject to pre-service review. Check EIU policy, which is	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
91037	Esoph Imped Function Test	Policy Criteria. Submit for Recommended Clinical Review _		_	
		to avoid post-service review.			
01111	CLTDC IMAC INTDAL ECODUACUE	EIU: Procedure/service not reimbursed by the Plan. Not			
91111	GI TRC IMG INTRAL ESOPHAGUS	subject to pre-service review. Check EIU policy, which is	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
91112	GI WIRELESS CAPSULE MEASURE	subject to pre-service review. Check EIU policy, which is			
91112	GI WIRELESS CAPSOLE WEASONE	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		one of our chilical rayinent and coding rolley (Crer).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
91113	GI TRC IMG INTRAL COLON I&R	subject to pre-service review. Check EIU policy, which is 1/1/2023			
91113	GI TRE IIVIG INTRAL COLOIN IAR		-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
91038	Esoph Imped Funct Test > 1Hr	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
91132	ELECTROGASTROGRAPHY				
31137	LLECTRODASTRODRAPHT	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
01122	ELECTROCASTROCRARILY W/TEST				
91133	ELECTROGASTROGRAPHY W/TEST	subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		one of our chilical Payment and Coding Policy (CPCP).			

91299	UNLISTED DX GI PROCEDURE	Unlisted: Procedure/service not specifically defined or		_	_
		classified, maybe subject to contract/clinical review.			
92015	Determine Refractive State	Non Covered: Procedure/service not covered by the		_	_
		Plan. Not subject to pre-service review.			
92065	ORTHOP TRAING PFRMD PHYS/QHP	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.	-		-
		EIU: Procedure/service not reimbursed by the Plan. Not			
92132	CMPTR OPHTH DX IMG ANT SEGMT	subject to pre-service review. Check EIU policy, which is			
J21J2	CIVIL TR OF TITT DA IIVIG AIRT SEGIVIT	one of our Clinical Payment and Coding Policy (CPCP).	-	_	_
		one of our chilical Payment and County Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92145	CORNEAL HYSTERESIS DETER	subject to pre-service review. Check EIU policy, which is			
32143	CONNEAL ITISTERESIS DETEN		-	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the			
32340	i it spectacies ivioliolocal	Plan. Not subject to pre-service review.	-	-	-
02244	Fit Constants Differen	Non Covered: Procedure/service not covered by the			
92341	Fit Spectacles Bifocal	Plan. Not subject to pre-service review.	-	=	-
		Non Covered: Procedure/service not covered by the			
92342	Fit Spectacles Multifocal	Plan. Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the			
92354	Fit Spectacles Single System	Plan. Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the			
92355	Fit Spectacles Compound Lens	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
92370	Repair & Adjust Spectacles	•	_	_	_
		Plan. Not subject to pre-service review.			
92499	UNLISTED OPH SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or			_
		classified, maybe subject to contract/clinical review.			_
		EIU: Procedure/service not reimbursed by the Plan. Not			
92512	NASAL FUNCTION STUDIES	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	-	-	_
		, , , , , , , , , , , , , , , , , , , ,			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92517	VEMP TEST I&R CERVICAL	subject to pre-service review. Check EIU policy, which is			
52527	TELLI TECHNOLE	one of our Clinical Payment and Coding Policy (CPCP).	•	_	-
		one of our clinical rayment and country rolley (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92518	VEMP TEST I&R OCULAR	subject to pre-service review. Check EIU policy, which is			
32310	VEIVII TEST IQIN OCCUPAN	one of our Clinical Payment and Coding Policy (CPCP).	-	_	_
		one of our clinical rayment and coding rolley (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92519	VEMP TST I&R CERVICAL&OCULAR	subject to pre-service review. Check EIU policy, which is			
32313	VEIVIF 131 IQK CERVICALQUCULAR		-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
91110	GI TRC IMG INTRAL ESOPH-ILE	Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.	-	_	-

92548	CDP-SOT 6 COND W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
92549	CDP-SOT 6 COND W/I&R MCT&ADT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
91117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
92700	UNLISTED ORL SERVICE/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
93050	ART PRESSURE WAVEFORM ANALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
92546	Sinusoidal Rotational Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
92640	Aud Brainstem Implt Programg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93228	REMOTE 30 DAY ECG REV/REPORT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93702	BIS XTRACELL FLUID ANALYSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
93740	TEMPERATURE GRADIENT STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
93229	REMOTE 30 DAY ECG TECH SUPP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93660	TILT TABLE EVALUATION	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
93799	UNLISTED CV SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
93998	UNLISTD NONINVAS VASC DX STD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

94014	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
94015	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
94016	REVIEW PATIENT SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
94452	HAST W/REPORT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
94453	HAST W/OXYGEN TITRATE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-
94799	UNLISTED PULMONARY SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
95060	EYE ALLERGY TESTS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
95065	NOSE ALLERGY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
95199	UNLISTED ALL/IMMLG SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
93797	Cardiac Rehab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
93798	Cardiac Rehab/Monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95700	Eeg Cont Rec W/Vid Eeg Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95705	Eeg W/O Vid 2-12 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
95707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		AND Criteries Decordour Jameiro socious de principal Madical
05700	5 14 15 5 40 254 11	MP Criteria: Procedure/service reviewed against Medical
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95709	Eeg W/O Vid Ea 12-26Hr Intmt	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95710	Eeg W/O Vid Ea 12-26Hr Cont	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95711	Veeg 2-12 Hr Unmonitored	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95712	Veeg 2-12 Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review
	-	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95713	Veeg 2-12 Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review
	•	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95714	Veeg Ea 12-26 Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review
3372.	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95715	Veeg Ea 12-26Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review
33713	veeg La 12 2011 mane white	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95716	Veeg Ea 12-26Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review
93710	veeg La 12-2011 Cont Willi	
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical
95717	For Dhys/Ohn 2 12 Ur W/O Vid	
95/1/	Eeg Phys/Qhp 2-12 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95719	Eeg Phys/Qhp Ea Incr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95720	Eeg Phy/Qhp Ea Incr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review
	3 ,, 3 , 3	to avoid post-service review.
		to a rota post out the resident

		MP Criteria: Procedure/service reviewed against Medical
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95725	Eeg Phy/Qhp>84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
95905	MOTOR &/ SENS NRVE CNDJ TEST	subject to pre-service review. Check EIU policy, which is
33303	MOTOR &/ SENSTARVE CIVES TEST	one of our Clinical Payment and Coding Policy (CPCP).
		one of our chilical rayment and country (cree).
		EIU: Procedure/service not reimbursed by the Plan. Not
95919	QUAN PUPLMTRY PHY/QHP UNI/BI	subject to pre-service review. Check EIU policy, which is 1/1/2023
33323	Q07.11.7 G1 21.77.11.7 (1.17) Q1.11 G1.11/21.	one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedure/service reviewed against Medical
95726	Eeg Phy/Qhp>84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95803	ACTIGRAPHY TESTING	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95954	Eeg Monitoring/Giving Drugs	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95957	Eeg Digital Analysis	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95965	MEG SPONTANEOUS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
05000	LINUISTED NEUDOLOGICAL DV DV	Unlisted: Procedure/service not specifically defined or
95999	UNLISTED NEUROLOGICAL DX PX	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
95966	MEG EVOKED SINGLE	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
95967	MEG EVOKED EACH ADDL	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96000	MOTION ANALYSIS VIDEO/3D	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96001	MOTION TEST W/FT PRESS MEAS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96002	DYNAMIC SURFACE EMG	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		,

		United David advantage of the Africa
96379	UNL THER/PROP/DIAG INJ/INF	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
96549	UNLISTED CHEMOTHERAPY PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
96003	DYNAMIC FINE WIRE EMG	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96004	PHYS REVIEW OF MOTION TESTS	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96912	PHOTOCHEMOTHERAPY WITH UV-A	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96913	PHOTOCHEMOTHERAPY UV-A OR B	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96922	Laser Tx Skin >500 Sq Cm	Policy Criteria. Submit for Recommended Clinical Review
30322	Edder TX dXIII 2 ddd ddi	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96931	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
90951	Kein Ceiuli Subceiuli ling Skii	<u> </u>
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical
00000	Dave Calcula Cultural ula Inna Clus	·
96932	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
0.000		MP Criteria: Procedure/service reviewed against Medical
96933	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
96934	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
96999	UNLISTED SPEC DERM SVC/PX	Unlisted: Procedure/service not specifically defined or
50555	ONLISTED STEE BERRY SVE/TX	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
97039	UNLISTED MODALITY	classified, maybe subject to contract/clinical review.
97039	UNLISTED MODALITY	Prior Authorization may be required per contract
		agreement.
		Unlisted: Procedure/service not specifically defined or
074.20	LIANUSTED THERADELITIS BY	classified, maybe subject to contract/clinical review.
97139	UNLISTED THERAPEUTIC PX	Prior Authorization may be required per contract
		agreement.
		Non Covered: Procedure/service not covered by the
97169	Athletic Trn Eval Low Cmplx	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service review.
97170	Athletic Trn Eval Mod Cmplx	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service review.
97171	Athletic Trn Eval High Cmplx	
		Plan. Not subject to pre-service review.

97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		-
		MP Criteria: Procedure/service reviewed against Medical		
96935	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
96936	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
97610	LOW FREQUENCY NON-THERMAL US	subject to pre-service review. Check EIU policy, which is		
97010	LOW FREQUENCY NON-THERIVIAL 03		_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or		
37733	UNLISTED PHYSCL WED/ KEHAB PX	classified, maybe subject to contract/clinical review.	_	-
00024	Docton Collow Un Vicit	Non Covered: Procedure/service not covered by the		
99024	Postop Follow-Up Visit	Plan. Not subject to pre-service review.	-	-
99026	IN HOSDITAL ON CALL SEDVICE	Non Covered: Procedure/service not covered by the		
99020	IN-HOSPITAL ON CALL SERVICE	Plan. Not subject to pre-service review.	-	-
00027	OUT-OF-HOSP ON CALL SERVICE	Non Covered: Procedure/service not covered by the		
99027		Plan. Not subject to pre-service review.	-	-
00050	MEDICAL CERVICES AFTER LIPS	Unlisted: Procedure/service not specifically defined or		
99050	MEDICAL SERVICES AFTER HRS	classified, maybe subject to contract/clinical review.	_	-
00056	MAED CERVICE OUT OF OFFICE	Unlisted: Procedure/service not specifically defined or		
99056	MED SERVICE OUT OF OFFICE	classified, maybe subject to contract/clinical review.	_	-
00050	OFFICE FAIRDCENCY CARE	Unlisted: Procedure/service not specifically defined or		
99058	OFFICE EMERGENCY CARE	classified, maybe subject to contract/clinical review.	_	-
00070	CDECIAL CURRULES BUNG/OUR	Unlisted: Procedure/service not specifically defined or		
99070	SPECIAL SUPPLIES PHYS/QHP	classified, maybe subject to contract/clinical review.	_	-
00074		Non Covered: Procedure/service not covered by the		
99071	PATIENT EDUCATION MATERIALS	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
99075	MEDICAL TESTIMONY	Unlisted or Undefined: Procedures/services not	_	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
00070	CDCUD USALTU SPUCATION	Unlisted: Procedure/service not specifically defined or		
99078	GROUP HEALTH EDUCATION	classified, maybe subject to contract/clinical review.	_	-
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
99080	SPECIAL REPORTS OR FORMS	Unlisted or Undefined: Procedures/services not		
		specifically defined or classified, maybe subject to	_	_
		contract/clinical review.		
		Unlisted: Procedure/service not specifically defined or		
99082	UNUSUAL PHYSICIAN TRAVEL	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
99199	UNLISTED SPECIAL SVC PX/RPRT	classified, maybe subject to contract/clinical review.	-	_
		Electrical major conject to continued content		

		Non Covered: Procedure/service not covered by the			
99360	PHYSICIAN STANDBY SERVICES	Plan. Not subject to pre-service review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
99429	UNLISTED PREVENTIVE SERVICE	classified, maybe subject to contract/clinical review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99450	BASIC LIFE DISABILITY EXAM	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	•	_	_	_
		Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the			
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99453	Rem Mntr Physiol Param Setup	•	_	_	_
		Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the			
99454	Rem Mntr Physiol Param Dev	•	_	_	_
		Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the			
99455	WORK RELATED DISABILITY EXAM	•	_	_	_
		Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the			
99456	DISABILITY EXAMINATION	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99457	Rem Physiol Mntr 1St 20 Min	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
99491	Chrnc Care Mgmt Svc 30 Min	•	_	_	_
		Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or			
99499	UNLISTED E&M SERVICE	• • •	_	_	_
		classified, maybe subject to contract/clinical review.			
99600	UNLISTED HOME VISIT SVC/PX	Unlisted: Procedure/service not specifically defined or	_	_	_
		classified, maybe subject to contract/clinical review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0052U	LPOPRTN BLD W/5 MAJ CLASSES	subject to pre-service review. Check EIU policy, which is	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0054T	BONE SRGRY CMPTR FLUOR IMAGE	subject to pre-service review. Check EIU policy, which is	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0055T	BONE SRGRY CMPTR CT/MRI IMAG	subject to pre-service review. Check EIU policy, which is	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			

0062U	AI SLE IGG&IGM ALYS 80 BMRK	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
00620	AI SLE IGGØIGIVI ALTS 80 BIVIKK	one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0063U	NEURO AUTISM 32 AMINES ALG	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
		MP Criteria: Procedure/service reviewed against Medical	
97533	Sensory Integration	Policy Criteria. Submit for Recommended Clinical Review	
		MP Criteria: Procedure/service reviewed against Medical	
97537	Community/Work Reintegration	Policy Criteria. Submit for Recommended Clinical Review	
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the	
	<u> </u>	Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —	
0086U	Nfct Ds Bact&Fng Org Id 6+	Plan. Not subject to pre-service review.	
0091U	Onc Circt Scr Whl Bld Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review. — — — — — — — — — — Non Covered: Procedure/service not covered by the	
0093U	Rx Mntr 65 Com Drugs Urine	Plan. Not subject to pre-service review.	
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	
00300	TIPV TIL NISK TYPES WAILE OTHE	Plan. Not subject to pre-service review.	
0100T	PROSTH RETINA RECEIVE&GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
01001	TROSTIT RETIVA RECEIVERGEN	one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0101T	ESW MUSCSKEL SYS NOS	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	
04007	501/2017/40150/47/1040/50000	EIU: Procedure/service not reimbursed by the Plan. Not	
0102T	ESW PHY ANES LAT HMRL EPCNDL	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0105U	Neph Ckd Mult Eclia Tum Nec	Non Covered: Procedure/service not covered by the	
01030	repriesa mai Lena Fam Nec	Plan. Not subject to pre-service review.	
0106T	TOLICH OLIANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not	
0106T	TOUCH QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	

0106U	GSTR EMPTG 7 TIMED BRTH SPEC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0107T	VIBRATE QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0107U	C Diff Tox Ag Detcj la Stool	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0108T	COOL QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0109T	HEAT QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0109U	Id Aspergillus Dna 4 Species	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0110T	NOS QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0112U	ladi 16S&18S Rrna Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0115U	Respir ladna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
0116U	Rx Mntr Nzm la 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0119U	Crd Ceramides Liq Chrom Plsm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0122U	Sc Dis P-Selectin Whl Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0123U	Mchnl Fragility Rbc Prflg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
0140U	Nfct Ds Fungi Dna 15 Trgt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.

		Non Covered: Procedure/service not covered by the			
0141U	Nfct Ds Bact&Fng Gram Pos	Plan. Not subject to pre-service review.	_	_	-
04.4011	N(+ 2 2 + 425 - 2 - 1)	Non Covered: Procedure/service not covered by the			
0142U	Nfct Ds Bact&Fng Gram Neg	Plan. Not subject to pre-service review.	-	-	-
045011	NC - D D . H N C	Non Covered: Procedure/service not covered by the			
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	Plan. Not subject to pre-service review.	-	-	-
		FILL Dragadura/carvice not reimburged by the Dlan Net			
0100T	OCULAR RECORD FLOW MATAGUE	EIU: Procedure/service not reimbursed by the Plan. Not			
0198T	OCULAR BLOOD FLOW MEASURE	subject to pre-service review. Check EIU policy, which is	-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0202T	POST VERT ARTHRPLST 1 LUMBAR	subject to pre-service review. Check EIU policy, which is			
02021	1 OST VERT ARTTIRIEST I EURIDAR	one of our Clinical Payment and Coding Policy (CPCP).	_	_	-
		one of our chilical rayment and county rolley (crer).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0207T	CLEAR EYELID GLAND W/HEAT	subject to pre-service review. Check EIU policy, which is			
02071	011 11 2 12 13 02 11 11 11 11	one of our Clinical Payment and Coding Policy (CPCP).	_	_	-
		one of our chimear ayment and country to hely (or or).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0219T	PLMT POST FACET IMPLT CERV	subject to pre-service review. Check EIU policy, which is			
02231	1 2111 1 331 1 11321 1111 21 3211	one of our Clinical Payment and Coding Policy (CPCP).	_	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
0220T	PLMT POST FACET IMPLT THOR	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
0221T	PLMT POST FACET IMPLT LUMB	subject to pre-service review. Check EIU policy, which is	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0222T	PLMT POST FACET IMPLT ADDL	subject to pre-service review. Check EIU policy, which is	-	_	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		Ell I: Drocodure/conjice not reimbursed by the Dian Not			
022411	ANTIDODY CARC COV 2 TITED(C)	EIU: Procedure/service not reimbursed by the Plan. Not	C /4 /2022		
0224U	ANTIBODY SARS-COV-2 TITER(S)	subject to pre-service review. Check EIU policy, which is	6/1/2023	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0226U	SVNT SARSCOV2 ELISA PLSM SRM	subject to pre-service review. Check EIU policy, which is	6/1/2023		
02200	SVIVI SANSCOVE ELISA I ESIVI SINIVI	one of our Clinical Payment and Coding Policy (CPCP).	0, 1, 2023	_	-
		one of our chilical rayment and county rolley (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0232T	NJX PLATELET PLASMA	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	-	-
		(0.0.)			

		MP Criteria: Procedure/service reviewed against Medical		
0075T	PERQ STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0263T	IM B1 MRW CEL THER CMPL	subject to pre-service review. Check EIU policy, which is		
02031	IIVI DI IVINVV CLE ITILIN CIVII L	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our Clinical Payment and County Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0264T	IM B1 MRW CEL THER XCL HRVST	subject to pre-service review. Check EIU policy, which is		
02041	IIVI DI IVINVV CLE ITILIN ACETINI SI	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our clinical Payment and county Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0265T	IM B1 MRW CEL THER HRVST ONL	subject to pre-service review. Check EIU policy, which is		
0200.	52 522 5	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		one of our clinical rayment and country to the crisis		
		MP Criteria: Procedure/service reviewed against Medical		
0076T	S&I STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0253T	INSERT AQUEOUS DRAIN DEVICE	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review _		
	·	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0267T	IMPLT/RPL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review _		
	,	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0268T	IMPLT/RPL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review _		
0200.	2.7 2 33 33 22.7 32.1	to avoid post-service review.	- -	-
		MP Criteria: Procedure/service reviewed against Medical		
0269T	REV/REMVL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review _		
02031	REVINEINVE CRID SINS DEV TOTAL	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0270T	REV/REMVL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review _		
02/01	REVINCINIVE CRID 3N3 DEV LEAD	- · · · · · · · · · · · · · · · · · · ·	_	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
02717	DEVIDENAVI COTO CNIC DEVI CEN			
0271T	REV/REMVL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0274T	PERQ LAMOT/LAM CRV/THRC	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Dropoduro (coming not asimple and but he Disa. No.		
02757	DEDO LAMOT/LAMA	EIU: Procedure/service not reimbursed by the Plan. Not		
0275T	PERQ LAMOT/LAM LUMBAR	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		

0278T	TEMPR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0330Т	TEAR FILM IMG UNI/BI W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0272Т	INTERROGATE CRTD SNS DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
0335T	INSJ SINUS TARSI IMPLANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0338T	TRNSCTH RENAL SYMP DENRV UNL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0339Т	TRNSCTH RENAL SYMP DENRV BIL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0273T	INTERROGATE CRTD SNS W/PGRMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
0347T	INS BONE DEVICE FOR RSA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0348T	RSA SPINE EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0349Т	RSA UPPER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
0350Т	RSA LOWER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	
0331T	HEART SYMP IMAGE PLNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	

		MP Criteria: Procedure/service reviewed against Medical		
0345T	TRANSCATH MTRAL VLVE REPAIR	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0358T	BIA WHOLE BODY	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0378T	VISUAL FIELD ASSMNT REV/RPRT	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0379T	VIS FIELD ASSMNT TECH SUPPT	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0397T	ERCP W/OPTICAL ENDOMICROSCPY	subject to pre-service review. Check EIU policy, which is _		
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		MP Criteria: Procedure/service reviewed against Medical		
0352T	OCT BRST/NODE I&R PER SPEC	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		Retire effective
0424T	INSJ/RPLC NSTIM APNEA COMPL	subject to pre-service review. Check EIU policy, which is	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		Retire effective
0425T	INSJ/RPLC NSTIM APNEA SEN LD	subject to pre-service review. Check EIU policy, which is	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		11, 01, 1010
		EIU: Procedure/service not reimbursed by the Plan. Not		
0426T	INSJ/RPLC NSTIM APNEA STM LD	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
		one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
		EIU: Procedure/service not reimbursed by the Plan. Not		
0427T	INSJ/RPLC NSTIM APNEA PLS GN	subject to pre-service review. Check EIU policy, which is _	12/31/2023	Retire effective
		one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
		EIU: Procedure/service not reimbursed by the Plan. Not		
0428T	RMVL NSTIM APNEA PLS GEN	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
		one of our Clinical Payment and Coding Policy (CPCP).	,,	12/31/2023
0429T	RMVL NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _	12/31/2023	Retire effective
04291	RIVIVE NOTITIVI APINEA SEN LU	one of our Clinical Payment and Coding Policy, (CPCP).	12/31/2023	12/31/2023
		2		

RMVL NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
RMVL/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
REPOS NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
REPOS NSTIM APNEA SENSING LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
INTERRO EVAL NPGS APNEA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
PRGRMG EVAL NPGS APNEA 1 SES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
PRGRMG EVAL NPGS APNEA STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
OCT BREAST SURG CAVITY I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
MRGFUS STRTCTC LES ABLTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
VISUAL EP TEST FOR GLAUCOMA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
INSJ AQUEOUS DRAIN DEV 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
PRGRMG IO RTA ELTRD RA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
	RMVL/RPLC NSTIM APNEA PLS GN REPOS NSTIM APNEA STIMJ LD REPOS NSTIM APNEA SENSING LD INTERRO EVAL NPGS APNEA PRGRMG EVAL NPGS APNEA 1 SES PRGRMG EVAL NPGS APNEA STUDY OCT BREAST SURG CAVITY I&R MRGFUS STRTCTC LES ABLTJ VISUAL EP TEST FOR GLAUCOMA INSJ AQUEOUS DRAIN DEV 1ST	RMVL NSTIM APNEA STIMJ LD subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). PRGRMG EVAL NPGS APNEA 1 SES EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service review. Check EU policy,	RMVLNSTIM APNEA STIMU LD subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). INTERRO EVAL NPGS APNEA EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). PRGRMG EVAL NPGS APNEA 1 SES EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, Which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). PRGRMG EVAL NPGS APNEA 1 SES EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). APP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). APP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). INSIAQUEOUS DRAIN DEV 1ST APP Criteria: Submit for Recommended Clinical Rev

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

0512T	ESW INTEG WND HLG 1ST WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0513T	ESW INTEG WND HLG EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0483T	TMVI PERCUTANEOUS APPROACH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0533T	CONT REC MVMT DO 6-10 DAYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0534T	CONT REC MVMT DO SETUP&TRAIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0535T	CONT REC MVMT DO REPRT CNFIG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0536T	CONT REC MVMT DO DL W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0484T	TMVI TRANSTHORACIC EXPOSURE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0563Т	EVAC MEIBOMIAN GLND HEAT BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0565T	AUTOL CELL IMPLT ADPS HRVG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0566Т	AUTOL CELL IMPLT ADPS NIX	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0524T	EV CATH DIR CHEM ABLTJ W/IMG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		_
0537T	BLD DRV T LYMPHCYT CAR-T CLL	to avoid post-service review.	6/15/2023	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review		
0538T	BLD DRV T LYMPHCYT PREP TRNS	to avoid post-service review.	6/15/2023	_
03301	DED DITCH FIRM HOTT FIRE THING	MP Criteria: Procedure/service reviewed against Medical	0/15/2025	
		Policy Criteria. Submit for Recommended Clinical Review		
0539T	RECEIPT&PREP CAR-T CLL ADMN	to avoid post-service review.	6/15/2023	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0602T	TRANSDERMAL GFR MEASUREMENTS	subject to pre-service review. Check EIU policy, which is _		
00021	THE WAS ELLEWINE STATE OF THE PROPERTY OF	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0603T	TRANSDERMAL GFR MONITORING	subject to pre-service review. Check EIU policy, which is _	<u> </u>	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		FILL Drocodure/consists not reimburged by the Dian Not		
0615T	EYE MVMT ALYS W/O CALBRJ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is		
00131	LTE WIVINT ALTS W/O CALBIN IAN	one of our Clinical Payment and Coding Policy (CPCP).		-
		one of our chinical rayment and county force).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0621T	TRABECULOSTOMY INTERNO LASER	subject to pre-service review. Check EIU policy, which is		
00211	TRABECOLOSTOWT INTERINO LASER	one of our Clinical Payment and Coding Policy (CPCP).		-
		one of our chinical rayment and country (cr cr).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0622T	TRABECULOSTOMY INT LSR W/SCP	subject to pre-service review. Check EIU policy, which is _		_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0623T	AUTO QUANTIFICATION C PLAQUE	subject to pre-service review. Check EIU policy, which is		
00231	ACTO QUANTIFICATION CT ENQUE	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		one of our chinical rayment and coding roney (cr cr).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0624T	AUTO QUAN C PLAQ DATA PREP	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0625T	AUTO QUAN C PLAQ CPTR ALYS	subject to pre-service review. Check EIU policy, which is _		
33231	NOTO COMITO ENCOT INTELLO	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		22 2. 3 3		

0626T	AUTO QUAN C PLAQ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0627Т	PERQ NJX ALGC FLUOR LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0628T	PERQ NJX ALGC FLUOR LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0629Т	PERQ NJX ALGC CT LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0630Т	PERQ NJX ALGC CT LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
0631T	TC VIS LIT HYPERSPECTRAL IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0540T	CAR-T CLL ADMN AUTOLOGOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 6/15/	['] 2023 _	-
0639Т	WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0640T	NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
0641T	NCNTC NR IFR SPCTRSC WND IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0642T	NCNTC NR IFR SPCTRSC WND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0544T	TCAT MV ANNULUS RCNSTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

		MP Criteria: Procedure/service reviewed against Medical	
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
0588T	REVISION/REMOVAL ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
0589T	ELEC ALYS SMPL PRGRMG IINS	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0651T	MAG CTRLD CAPSULE ENDOSCOPY	subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our clinical rayment and county force).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0656T	VRT BDY TETHERING ANT <7 SEG	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our clinical rayment and county rolley (crer).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0657T	VRT BDY TETHERING ANT 8+ SEG	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
0590T	ELEC ALYS CPLX PRGRMG IINS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
0664T	DON HYSTERECTOMY OPEN CDVR	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0665T	DON HYSTERECTOMY OPEN LIV	subject to pre-service review. Check EIU policy, which is	_
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0666T	DON HYSTERECTOMY LAPS LIV	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0667T	DON HYSTERECTOMY RCP UTER	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
0668T	BKBENCH PREP DON UTER ALGRFT	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	

0669Т	BKBENCH RCNSTJ DON UTER VEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0670T	BKBENCH RCNSTJ DON UTER ARTL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0672T	NDOVAG CRYG RF REMDL TISS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0743T	B1 STR & FX RSK VRT FX ASSMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0744T	INSJ BIOPROSTC VLV FEM VN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0632T	PERQ TCAT US ABLTJ NRV P-ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.	-	-
0643T	TCAT L VENTR RSTRJ DEV IMPLT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0748T	NJX STM CL PRDCT ANL SFT TIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0650T	PRGRMG DEV EVAL SCRMS REMOTE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
0766T	Tc Mag Stimj Pn 1St Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-

0745T	CAR ABLT RAD ARR N-INVAS LOC	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0767T	Tc Mag Stimj Pn 1St Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0746T	CAR ABLT RAD ARR CNV LOC MAP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0747T	CAR ABLT RAD ARRHYT DLVR RAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0769Т	Tc Mag Stimj Pn Sbsq Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 7/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0770Т	VR TECHNOLOGY ASSIST THERAPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0764T	ASSTV ALG ECG RSK ASMT CNCRT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0771T	VR PX DISSOC SVC SM PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0765T	ASSTV ALG ECG RSK ASMT PREV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	-	-
0772T	VR PX DISSOC SVC SM PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0773Т	VR PX DISSOC SVC OTH PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0774T	VR PX DISSOC SVC OTH PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-

0775T	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0776Т	THER INDCTJ NTRABRN HYPTHRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0777Т	R-T PRS SENSING EDRL GDN SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0778Т	SMMG CNCRNT APPL IMU SNR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0779Т	GI MYOELECTRICAL ACTV STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0781T	BRNCHSC RF DSTRJ PULM NRV BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0782Т	BRNCHSC RF DSTRJ PLM NRV UNI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0783Т	TC AURICULR NEUROSTIMULATION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0776Т	THER INDCTJ NTRABRN HYPTHRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 6/15/2023 to avoid post-service review.	8/31/2023	-
0793Т	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-
0795T	TCAT INS 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-	-

0796T	TCAT INS 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
0797T	TCAT INS 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
0798T	TCAT RMV 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
0799T	TCAT RMVL 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
0800T	TCAT RMVL 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
0807T	PULM TISS VNTJ ALYS PREV CT	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023	
		subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	-
0808T	PULM TISS VNTJ ALYS W/CT	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023	
		subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	-
0801T	TCAT RMV&RPL 2CHMBR LDLS PM	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	
		Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
213AA	Proc/Treat/Equip/Ins/Non-Covered	Non Covered: Procedure/service not covered by the	
	2.7 2.4 4.15 2. 2. 2. 2. 2.	Plan. Not subject to pre-service review.	_
213BA	OTC Drugs Non-Covered	Non Covered: Procedure/service not covered by the	
	<u>_</u>	Plan. Not subject to pre-service review.	_
213CA	Vision/Hear/Dental Non-Covered	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	_
213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
213FA	Corr Eye Surgery Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213GA	Premiums Non- Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213HA	Copays Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	
213JA	Limited Purpose HCA Non- Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review. — — — — — Non Covered: Procedure/service not covered by the	
213KA	Preventative Care Non-Covered	•	_
		Plan. Not subject to pre-service review.	
213LA	Long Term Care Non-Covered	Non Covered: Procedure/service not covered by the	_
		Plan. Not subject to pre-service review.	

9701A	NON-PRESCRIPTION DRUGS	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.	_	_
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review		-
00007	TCAT DAMAG DDI 2CUA AD LDIC DAMA DA	to avoid post-service review.		
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	MP Criteria: Procedure/service reviewed against Medical 7/1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review		-
0004T	PRGRMG EVL LDLS PM 2CHMBR IP	to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 7/1/2023		
0804T	PRORING EVELDES PINI 2CHIVIBR IP	Policy Criteria. Submit for Recommended Clinical Review	_	
		to avoid post-service review.		-
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	MP Criteria: Procedure/service reviewed against Medical 7/1/2023		
08031	TEAT SQUETRISTE VEHINI ET NO	Policy Criteria. Submit for Recommended Clinical Review	-	
		to avoid post-service review.		-
0806T	TCAT S&IVC PRSTC VL IMPL OPN	MP Criteria: Procedure/service reviewed against Medical 7/1/2023		
	10.1104.101.1010	Policy Criteria. Submit for Recommended Clinical Review	_	
		to avoid post-service review.		-
0810T	SUBRTA NJX RX AGT W/VTRC	MP Criteria: Procedure/service reviewed against Medical 7/1/2023		
		Policy Criteria. Submit for Recommended Clinical Review	_	
		to avoid post-service review.		_
		Unlisted: Procedure/service not specifically defined or		
A0999	Unlisted ambulance service	classified, maybe subject to contract/clinical review.	-	-
		FILL Dragadura /camica not raimburged by the Dian Not		
A 2001	lana, anatah an an an	EIU: Procedure/service not reimbursed by the Plan. Not		
A2001	Innovamatrix ac per sq cm	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
		one of our clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2002	Mirragen adv wnd mat per sq	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2004	Xcellistem 1 mg	subject to pre-service review. Check EIU policy, which is		
	-	one of our Clinical Payment and Coding Policy (CPCP).		_
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2005	Microlyte matrix per sq cm	subject to pre-service review. Check EIU policy, which is		
7.12000	minorative matrix per sq on	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2006	Novosorb synpath per sq cm	subject to pre-service review. Check EIU policy, which is	-	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
A2007	Restrata per sq cm	subject to pre-service review. Check EIU policy, which is _		_
		one of our Clinical Payment and Coding Policy (CPCP).		_

A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2011	Supra sdrm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0431	Rotary wing air transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0435	Fixed Wing Air Mileage Per Statute Mile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2018	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0436	Rotary wing air mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2019	Kerecis marigen shld sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A0888	Noncovered ambulance mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A2020	Ac5 wound system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A2021	Neomatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
A4100	Skin sub fda clrd as dev nos	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	_
A4458	Reusable enema bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_
A4553	Non-Disposable Underpads All Sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
A4554	Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_

A4575	Hyperbaric o2 chamber disps	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A4596	Ces system monthly supp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 4/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
A4639	Infrared ht sys replcmnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A4890	Repair/maint cont hemo equip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
A6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
A7049	Epap nasal valve	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
A9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.

		Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
A9152	Single vitamin nos	Unlisted or Undefined: Procedures/services not	-
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
		Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
A9153	Multi-vitamin nos	Unlisted or Undefined: Procedures/services not	_
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
A9270	Non-covered item or service	Non Covered: Procedure/service not covered by the	
A3270	Non-covered item of service	Plan. Not subject to pre-service review.	-
A9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by the	
A3273	Tiot/cold botie/cap/col/wrap	Plan. Not subject to pre-service review.	-
A9279	Manitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or	
A9279	Monitoring feature/deviceNOC	classified, maybe subject to contract/clinical review.	-
40300	Alank danias in a	Unlisted: Procedure/service not specifically defined or	
A9280	Alert device noc	classified, maybe subject to contract/clinical review.	-
40202	Menandara	Non Covered: Procedure/service not covered by the	
A9282	Wig any type	Plan. Not subject to pre-service review.	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
A9285	Inversion eversion cor devic	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
A9291	Proc dia coa bobay thora fda	subject to pre-service review. Check EIU policy, which is	
A9291	Pres dig cog behav thera fda		-
		one of our Clinical Payment and Coding Policy (CPCP).	
A9300	Eversice equipment	Non Covered: Procedure/service not covered by the	
A9300	Exercise equipment	Plan. Not subject to pre-service review.	-
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or	
A9579	Gad-base MR contrast NOS 1mi	classified, maybe subject to contract/clinical review.	-
40507	Det du fentumenid nee	Unlisted: Procedure/service not specifically defined or	
A9597	Pet dx for tumor id noc	classified, maybe subject to contract/clinical review.	_
10500	2.16	Unlisted: Procedure/service not specifically defined or	
A9598	Pet dx for non-tumor id noc	classified, maybe subject to contract/clinical review.	-
		Unlisted: Procedure/service not specifically defined or	
A9698	Non-rad contrast material NOC	classified, maybe subject to contract/clinical review.	_
		Unlisted: Procedure/service not specifically defined or	
A9699	Radiopharm rx agent noc	classified, maybe subject to contract/clinical review.	_
		Unlisted: Procedure/service not specifically defined or	
A9900	Supply/accessory/service	classified, maybe subject to contract/clinical review.	_
		Unlisted: Procedure/service not specifically defined or	
A9999	DME supply or accessory nos	classified, maybe subject to contract/clinical review.	_
		Unlisted: Procedure/service not specifically defined or	
B9998	Enteral supp not otherwise c	classified, maybe subject to contract/clinical review.	_
		ciassified, fridybe subject to contract/Cliffical review.	

В9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-
C1052	Hemostatic agent gi topic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
A4555	Ca tx e-stim electr/transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
A4600	Sleeve inter limb comp dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1823	Gen neuro trans sen/stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C1761	Cath trans intra litho/coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1827	Gen Neuro Imp Led Ex Cntr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
C1764	Event recorder cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1776	Joint device (implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1889	Implant/insert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
C1783	Ocular imp aqueous drain de	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C2698	Brachytx stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
C2699	Brachytx non-stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
C1818	Integrated keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1825	Gen neuro carot sinus baro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C1826	Gen neuro clo loop rechg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.	-	-

C1833	Cardiac monitor sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _		
C1633	Cardiac Monitor sys	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
C2624	Wireless pressure sensor	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
C5271	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023	_	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
C5272	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review 4/1/2023		
CJZ7Z	Low Cost skin substitute app	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review		
C9257	Bevacizumab injection	to avoid post-service review. Prior Authorization may be —	_	_
		required per contract agreement.		
		required per contract agreements		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9354	Veritas collagen matrix cm2	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9356	TenoGlide tendon prot cm2	subject to pre-service review. Check EIU policy, which is		
63330	remodified tendom proc time	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		0 - 1/(/		
	Dermal substitute native non-denatured collagen fetal	EIU: Procedure/service not reimbursed by the Plan. Not		
C9358	bovine origin (SurgiMend Collagen Matrix) per 0.5 square	subject to pre-service review. Check EIU policy, which is	_	_
	centimeters	one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9360	SurgiMend neonatal	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9363	Integra Meshed Bil Wound Mat	subject to pre-service review. Check EIU policy, which is	_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9364	Porcine implant Permacol	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).		-
		Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
C9399	unclassified drugs or biologicals	Prior Authorization may be required per contract	-	_
		agreement.		
	·			

C5273	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5274	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C9757	Spine/lumbar disk surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C5275	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5276	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5277	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C5278	Low cost skin substitute app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.	-	-
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
C9771	NsI/sins cryo post nasal tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
C9772	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-

C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9777	Esophag muc integ w/eso egd	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-
C9898	Inpnt stay radiolabeled item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
C9899	Inpt implant pros dev no cov	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
D0999	unspecified diagnostic procedure by report	Unlisted: Procedure/service not specifically defined or	_	_
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose	•	-	
	1 Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose	Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the	-	_
D1706	2	Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or		_
D1999	unspecified preventive procedure by report	classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or		_
D2999	unspecified restorative procedure by report	classified, maybe subject to contract/clinical review.		-
D3410	apicoectomy - anterior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		_
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		_
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or	_	_
D6199	unspecified implant procedure by report	classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or	_	_
D6999	unspecified fixed prosthodontic procedure by report	classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or		
	extraction erupted tooth requiring removal of bone and/or	classified, maybe subject to contract/clinical review. Non Covered: Procedure/service not covered by the	-	_
D7210	sectioning of tooth and including elevation of mucoperiosteal flap if indicated	Plan. Not subject to pre-service review.		_
D7220	removal of impacted tooth - soft tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
D7230	removal of impacted tooth - partially bony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
D7999	unspecified oral surgery procedure by report	Unlisted: Procedure/service not specifically defined or	_	_
D8210	removable appliance therapy	classified, maybe subject to contract/clinical review. Non Covered: Procedure/service not covered by the		
	., .,	Plan. Not subject to pre-service review.	-	

		Non Covered: Procedure/service not covered by the
D8220	fixed appliance therapy	Plan. Not subject to pre-service review.
D0000	Code abode Consequence	Unlisted: Procedure/service not specifically defined or
D8999	unspecified orthodontic procedure by report	classified, maybe subject to contract/clinical review.
D9999	unspecified adjunctive procedure by report	Unlisted: Procedure/service not specifically defined or
D9999	unspecified adjunctive procedure by report	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
C9740	Cysto impl 4 or more	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
E0210	Electric heat pad standard	Non Covered: Procedure/service not covered by the
20210	Electric fieut pau standard	Plan. Not subject to pre-service review.
E0217	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the
20217	water the fleat pad w parity	Plan. Not subject to pre-service review.
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the
20210	Traid cire cold pad w pamp	Plan. Not subject to pre-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
E0221	Infrared heating pad system	subject to pre-service review. Check EIU policy, which is
20221	minarea meating page system	one of our Clinical Payment and Coding Policy (CPCP).
		one of our chinical rayment and county (or et).
		EIU: Procedure/service not reimbursed by the Plan. Not
E0231	Wound warming device	subject to pre-service review. Check EIU policy, which is
	C	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
E0232	Warming card for NWT	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		Non Covered: Procedure/service not covered by the
E0236	Pump for water circulating p	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0240	Bath/shower chair	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0241	Bath tub wall rail	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0242	Bath tub rail floor	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0243	Toilet rail	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0244	Toilet seat raised	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0245	Tub stool or bench	Plan. Not subject to pre-service review.
F00.46		Non Covered: Procedure/service not covered by the
E0246	Transfer tub rail attachment	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
E0247	Trans bench w/wo comm open	Plan. Not subject to pre-service review.
500.40		Non Covered: Procedure/service not covered by the
E0248	HDtrans bench w/wo comm open	Plan. Not subject to pre-service review.

50070		Non Covered: Procedure/service not covered by the		
E0273	Bed board	Plan. Not subject to pre-service review.	-	-
50074	0 1 1 1 1	Non Covered: Procedure/service not covered by the		
E0274	Over-bed table	Plan. Not subject to pre-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
C9764	Revasc intravasc lithotripsy	Policy Criteria. Submit for Recommended Clinical Review		
	• •	to avoid post-service review.	_	_
50045	2 1 1/01/	Non Covered: Procedure/service not covered by the		
E0315	Bed accessory brd/tbl/supprt	Plan. Not subject to pre-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
C9765	Revasc intra lithotrip-stent	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
50446	T : 10 D !!	Unlisted: Procedure/service not specifically defined or		
E0446	Topical Ox Deliver sys nos	classified, maybe subject to contract/clinical review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
E0485	Oral device/appliance prefab	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
E0486	Oral device/appliance cusfab	Policy Criteria. Submit for Recommended Clinical Review	_	_
		to avoid post-service review. Prior Authorization may be —		
		required per contract agreement.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
E0487	Electronic spirometer	subject to pre-service review. Check EIU policy, which is		
20407	Electronic spirometer	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedure/service reviewed against Medical		
C9766	Revasc intra lithotrip-ather	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
C9767	Revasc lithotrip-stent-ather	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
C9769	Cysto w/temp pros implant	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		Retire effective
C9770	Vitrec/mech pars subret inj	Policy Criteria. Submit for Recommended Clinical Review _	12/31/2023	12/31/2023
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0183	Press underlay alter w/pump	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
F0200	Pediatric Crib Hospital Grade Fully Enclosed With Or			
E0300	Without Top Enclosure	Policy Criteria. Submit for Recommended Clinical Review _	-	-
	<u> </u>	to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0316	Bed safety enclosure	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0616	Cardiac event recorder	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0635	Patient Lift Electric With Seat Or Sling	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
	Combination Sit To Stand Frame/Table System Any Size	MP Criteria: Procedure/service reviewed against Medical		
E0637	Including Pediatric With Seat Lift Feature With Or Without	Policy Criteria. Submit for Recommended Clinical Review _	_	_
	Wheels	to avoid post-service review.		
	Standing Frame/Table System One Position (E.G. Upright	MP Criteria: Procedure/service reviewed against Medical		
E0638	Supine Or Prone Stander) Any Size Including Pediatric With	Policy Criteria. Submit for Recommended Clinical Review _	_	_
	Or Without Wheels	to avoid post-service review.		
	Standing Frame/Table System Multi-Position (E.G. Three-	MP Criteria: Procedure/service reviewed against Medical		
E0641	Way Stander) Any Size Including Pediatric With Or Without	Policy Criteria. Submit for Recommended Clinical Review		
	Wheels	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
E0642	Standing Frame/Table System Mobile (Dynamic Stander)	Policy Criteria. Submit for Recommended Clinical Review		
	Any Size Including Pediatric	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
E0650	Pneuma compresor non-segment	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E0651	Pneum compressor segmental	Policy Criteria. Submit for Recommended Clinical Review		
20031	Theam compressor segmentar	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
E0652	Pneum compres w/cal pressure	Policy Criteria. Submit for Recommended Clinical Review _		
L0032	Fileum compres w/car pressure	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
EUCEE	Pneumatic appliance half arm	Policy Criteria. Submit for Recommended Clinical Review _		
E0655	Рпеинанс аррнансе нап анн	-	_	_
		to avoid post-service review. MB Criteria: Precedure (consider reviewed against Medical		
FOCEC	Commented and a support of the sale	MP Criteria: Procedure/service reviewed against Medical		
E0656	Segmental pneumatic trunk	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
E0657		MP Criteria: Procedure/service reviewed against Medical		
	Segmental pneumatic chest	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0660	Pneumatic appliance full leg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E0665	Pneumatic appliance full arm	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		

E0666	Pneumatic appliance half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0675	Pneumatic compression device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0676	Inter limb compress dev NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not – – – specifically defined or classified, maybe subject to contract/clinical review.
E0667	Seg pneumatic appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0668	Seg pneumatic appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0669	Seg pneumatic appli half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0670	Seg pneum int legs/trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0740	Non-implant pelv flr e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0671	Pressure pneum appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0762	Trans elec jt stim dev sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0764	Functional neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

E0677	Non pneum seq comp trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	-	-
E0769	Electric wound treatment dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0770	Functional electric stim NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.		-	-
E0830	Ambulatory traction device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0840	Tract frame attach headboard	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0849	Cervical pneum trac equip	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0850	Traction stand free standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0855	Cervical traction equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0856	Cervic collar w air bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		-	-
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).		-	-

E0936	CPM device other than knee	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0942	Cervical head harness/halter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
E0944	Pelvic belt/harness/boot	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
E0691	Uvl pnl 2 sq ft or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0692	Uvl sys panel 4 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0747	Elec osteogen stim not spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0760	Osteogen ultrasound stimltor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0761	Nontherm electromgntc device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0766	Elec stim cancer treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
E0985	W/c seat lift mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
E0986	Man w/c push-rim powr system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical
E1002	Pwr seat tilt	Policy Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

		MP Criteria: Procedure/service reviewed against Medical			
E1003	Pwr seat recline	Policy Criteria. Submit for Recommended Clinical Review _			
11003	i wi seat recinie	to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
E1004	Pwr seat recline mech	Policy Criteria. Submit for Recommended Clinical Review _			
L1004	i wi seat recine meen	to avoid post-service review.	_	_	
		Unlisted: Procedure/service not specifically defined or			
E1229	Pediatric wheelchair NOS	classified, maybe subject to contract/clinical review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
E1005	Pwr seat recline pwr	Policy Criteria. Submit for Recommended Clinical Review			
E1003	Pwi seat recilie pwi	·	_	_	
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
		•			
E1239	Ped power wheelchair NOS	to avoid post-service review.	_	_	
		Unlisted or Undefined: Procedures/services not			
		specifically defined or classified, maybe subject to			
		contract/clinical review.			
E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
51005		MP Criteria: Procedure/service reviewed against Medical			
E1006	Pwr seat combo w/o shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1632	Wearable artificial kidney	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	_	
		Unlisted: Procedure/service not specifically defined or			
E1699	Dialysis equipment noc	classified, maybe subject to contract/clinical review.	-	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1700	Jaw motion rehab system	subject to pre-service review. Check EIU policy, which is			
L1700	Jaw Motion reliab system	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1701	Repl cushions for jaw motion	subject to pre-service review. Check EIU policy, which is _	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E1702	Roal mozer scales jaw motion				
E1702	Repl measr scales jaw motion	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedure/service reviewed against Medical			
E1007	Pwr seat combo w/shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
E1008	Pwr seat combo pwr shear	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		·			

		140 C ::		
		MP Criteria: Procedure/service reviewed against Medical		
E1009	Add mech leg elevation	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1010	Add pwr leg elevation	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1012	Ctr mount pwr elev leg rest	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1230	Power operated vehicle	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E1629	Tablo for dialysis service	Policy Criteria. Submit for Recommended Clinical Review _		
	·	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
E2300	Pwr seat elevation sys	Policy Criteria. Submit for Recommended Clinical Review		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
E2301	Pwr standing	Policy Criteria. Submit for Recommended Clinical Review		
		to avoid post-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
E2310	Electro connect btw control	Policy Criteria. Submit for Recommended Clinical Review		
22310	Electro connect sew control	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
E2311	Electro connect btw 2 sys	Policy Criteria. Submit for Recommended Clinical Review _		
22311	Electro conflect btw 2 3y3	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
E2312	Mini area remete iguatial			
E2312	Mini-prop remote joystick	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
52242	DWC have a second and selection	MP Criteria: Procedure/service reviewed against Medical		
E2313	PWC harness expand control	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2321	Hand interface joystick	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2322	Mult mech switches	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2323	Special joystick handle	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
E2324	Chin cup interface	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		•		

		MP Criteria: Procedure/service reviewed against Medical
F222F	Circular Minterfere	
E2325	Sip and puff interface	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2326	Breath tube kit	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2327	Head control interface mech	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2328	Head/extremity control inter	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2329	Head control nonproportional	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2330	Head control proximity switc	Policy Criteria. Submit for Recommended Clinical Review
	. ,	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2331	Attendant control	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2340	W/c wdth 20-23 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
	, 20 20 3000	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2341	W/c wdth 24-27 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
22341	w/c wath 24 27 in Seat frame	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2342	W/c dpth 20-21 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
L2342	w/c uptil 20-21 ill seat frame	
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical
F22.42	W/a dath 22 25 in cost from	
E2343	W/c dpth 22-25 in seat frame	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2351	Electronic SGD interface	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2373	Hand/chin ctrl spec joystick	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2374	Hand/chin ctrl std joystick	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2375	Non-expandable controller	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
E2376	Expandable controller repl	Policy Criteria. Submit for Recommended Clinical Review
	•	to avoid post-service review.
P		

		MD Criteries Decording forming up in und against No. 1971	
52277	Consequence as a final language of the consequence	MP Criteria: Procedure/service reviewed against Medical	
E2377	Expandable controller initl	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
		•	
		Policy Criteria. Submit for Recommended Clinical Review	
E2599	SGD accessory noc	to avoid post-service review.	_
		Unlisted or Undefined: Procedures/services not	
		specifically defined or classified, maybe subject to	
		contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
E2500	SGD digitized pre-rec <=8min	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
E2502	SGD prerec msg >8min <=20min	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		Unlisted: Procedure/service not specifically defined or	
G0235	Pet imaging any site not otherwise specified	classified, maybe subject to contract/clinical review.	
55255	r ce magnig any site flot otherwise specified	Prior Authorization may be required per contract	_
		agreement.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
G0255	Current percep threshold tst	subject to pre-service review. Check EIU policy, which is	
00233	current percep tillesiloid tst	one of our Clinical Payment and Coding Policy (CPCP).	_
		one of our Chilical Payment and County Policy (CPCP).	
G0276	Pild/placebo control clin tr	Non Covered: Procedure/service not covered by the	
55276	r nay process control only to	Plan. Not subject to pre-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
G0277	Hbot Full Body Chamber 30M	to avoid post-service review. Prior Authorization may be —	-
		required per contract agreement.	
		-1 F	
		EIU: Procedure/service not reimbursed by the Plan. Not	
G0281	Elec stim unattend for press	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	-
		one of our common trapment and county to only ter or j.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
G0282	Elect stim wound care not pd	subject to pre-service review. Check EIU policy, which is	
	2.000 Still. Housing Still Floring	one of our Clinical Payment and Coding Policy (CPCP).	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the	
50233	Tron cov saig proc cilii triai	Plan. Not subject to pre-service review.	_
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the	
G0234	Non cov proc clinical trial	Plan. Not subject to pre-service review.	_
		EIU: Procedure/service not reimbursed by the Plan. Not	
G0295	Electromagnetic therapy onc	subject to pre-service review. Check EIU policy, which is	
	Electromagnetic therapy onc		-
	Electromagnetic therapy onc	one of our Clinical Payment and Coding Policy (CPCP).	_

G0329	Electromagntic tx for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
E2504	SGD prerec msg>20min <=40min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
E2506	SGD prerec msg > 40 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
E2508	SGD spelling phys contact	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
E2510	SGD w multi methods msg/accs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
E2511	SGD sftwre prgrm for PC/PDA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-
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, which is one of our Clinical Payment and Coding Policy (CPCP).	
E2512	SGD accessory mounting sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
G0460	Autolog prp not diab ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-
G0465	Autolog prp diab wound ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
E2610	Wheelchair Seat Cushion Powered	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
G0176	OPPS/PHP;activity therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	
G8395	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-
G8396	LVEF not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
G8395	LVEF>=40% doc normal or mild	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the	

		Non Covered: Procedure/service not covered by the			
G8397	Dil macula/fundus exam/w doc			_	_
		Plan. Not subject to pre-service review.			
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the			
00333	T t Wy axa results adeament	Plan. Not subject to pre-service review.	-	_	_
G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the			
00400	Pt W/ dxa no results doc	Plan. Not subject to pre-service review.	-	_	-
G8404	Lance and a series of a series of a series	Non Covered: Procedure/service not covered by the			
G8404	Low extemity neur exam docum	Plan. Not subject to pre-service review.	-	_	-
C040F	landarita da la carta da la ca	Non Covered: Procedure/service not covered by the			
G8405	Low extemity neur not perfor	Plan. Not subject to pre-service review.	-	_	-
C0410	Final and feet decreased	Non Covered: Procedure/service not covered by the			
G8410	Eval on foot documented	Plan. Not subject to pre-service review.	-	_	-
C0445	Final and front months was ad-	Non Covered: Procedure/service not covered by the			
G8415	Eval on foot not performed	Plan. Not subject to pre-service review.	-	_	-
C9416	Dt inglig facturer avaluatio	Non Covered: Procedure/service not covered by the			
G8416	Pt inelig footwear evaluatio	Plan. Not subject to pre-service review.	_	_	-
G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by the			
G8417	Calc billi abv up paraili i/u	Plan. Not subject to pre-service review.	-	_	-
C0440	Calabasi bloodan assaus \$1	Non Covered: Procedure/service not covered by the			
G8418	Calc bmi blw low param f/u	Plan. Not subject to pre-service review.	-	_	-
60440	Calabaria da managara (Non Covered: Procedure/service not covered by the			
G8419	Calc bmi out nrm param nof/u	Plan. Not subject to pre-service review.	-	_	-
00.400		Non Covered: Procedure/service not covered by the			
G8420	Calc bmi norm parameters	Plan. Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the			
G8421	Bmi not calculated	Plan. Not subject to pre-service review.	_	_	-
		· · · · · · · · · · · · · · · · · · ·			

G8427	Docrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8430	Doc med rsn no medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8431	Pos clin depres scrn f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
G8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8433	Scr for dep not cpt doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the
G8452 G8465	Pt w/abn lvef b-bloc no rx High risk recurrence pro ca	

		No. Consider December 1 to 1 t
G8474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G8475	ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G8476	Bp sys <140 and dias <90	Non Covered: Procedure/service not covered by the
	F-7-	Plan. Not subject to pre-service review.
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the
00 177		Plan. Not subject to pre-service review.
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the
00476	br not performed/doc	Plan. Not subject to pre-service review.
G8482	Flu immuniza ardar/admin	Non Covered: Procedure/service not covered by the
G6462	Flu immunize order/admin	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G8483	Flu imm no admin doc rea	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G8484	Flu immunize no admin	Plan. Not subject to pre-service review.
		Unlisted: Procedure/service not specifically defined or
G9012	Other Specified Case Mgmt	classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the
G9050	Oncology work-up evaluation	
		Plan. Not subject to pre-service review.
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the
G5055	one expectant management pt	Plan. Not subject to pre-service review.
G9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the
G9054	One supervision pamative	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9055	Onc visit unspecified NOS	Unlisted or Undefined: Procedures/services not
	·	specifically defined or classified, maybe subject to
		contract/clinical review.
		Non Covered: Procedure/service not covered by the
G9056	Onc prac mgmt adheres guide	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G9057	Onc pract mgmt differs trial	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
G9058	Onc prac mgmt disagree w/gui	·
		Plan. Not subject to pre-service review.
G9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
G9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the
	,	Plan. Not subject to pre-service review.
G9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the
55501	2.13 pride conta frouda by Balac	Plan. Not subject to pre-service review.
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the
G9002	One prac guide differs flos	Plan. Not subject to pre-service review.

G9063	Onc dx nsclc stgl no progres	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
G9064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		_
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the		
03003	One ax riscle stgs.4 no progre	Plan. Not subject to pre-service review.	_	-
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the		
G9000	Official fiscic stg5b-4 filetasta	Plan. Not subject to pre-service review.	_	-
C0067	One do seels do color some see	Non Covered: Procedure/service not covered by the		
G9067	Onc dx nsclc dx unknown nos	Plan. Not subject to pre-service review.	_	-
00000	0 1 1/ 1 1 1 1 1 1	Non Covered: Procedure/service not covered by the		
G9068	Onc dx sclc/nsclc limited	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9069	Onc dx sclc/nsclc ext at dx	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9070	Onc dx sclc/nsclc ext unknwn	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9071	Onc dx brst stg1-2B HR nopro	•	_	_
		Plan. Not subject to pre-service review.		
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		_
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		_
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the		
0507.1		Plan. Not subject to pre-service review.	-	_
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the		
03073	One ax bist metastic, recai	Plan. Not subject to pre-service review.	_	-
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the		
G9077	Official prostate ratio progres	Plan. Not subject to pre-service review.	-	-
60070	0 1 1-1- T2	Non Covered: Procedure/service not covered by the		
G9078	Onc dx prostate T2no progres	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9079	Onc dx prostate T3b-T4noprog	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9080	Onc dx prostate w/rise PSA	Plan. Not subject to pre-service review.	_	-
		Non Covered: Procedure/service not covered by the		
G9083	Onc dx prostate unknwn nos	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9084	Onc dx colon t1-3 n1-2 no pr		_	_
		Plan. Not subject to pre-service review.		
G9085	Onc dx colon T4 N0 w/o prog	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
G9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the		
	F 10	Plan. Not subject to pre-service review.	-	-
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the		
22.20,	5.12 3A 05.01. 11.000 01.00 01.	Plan. Not subject to pre-service review.		-
G9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the		
G3000	One ax colon metas noevia ax	Plan. Not subject to pre-service review.	_	-

G9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		_
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the		
05051		Plan. Not subject to pre-service review.		-
G9092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by the		
03032	One dx rectal r1-3 N1-2nopig	Plan. Not subject to pre-service review.	_	-
G9093	One dy restal TANIMO ne nra	Non Covered: Procedure/service not covered by the		
G9093	Onc dx rectal T4 N M0 no prg	Plan. Not subject to pre-service review.	-	-
C0004	0 1	Non Covered: Procedure/service not covered by the		
G9094	Onc dx rectal M1 w/mets prog	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
G9095	Onc dx rectal extent unknwn	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
G9096	Onc dx esophag T1-T3 noprog	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
G9097	Onc dx esophageal T4 no prog	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9098	Onc dx esophageal mets recur	·	_	_
		Plan. Not subject to pre-service review.		
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the		_
	<u> </u>	Plan. Not subject to pre-service review.		_
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.	_	_
G9101	Onc dx gastric p R1-R2noprog	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		-
G9102	Onc dx gastric unresectable	Non Covered: Procedure/service not covered by the		
03102	One ax gastrie armesectable	Plan. Not subject to pre-service review.		-
G9103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the		
G9103	One ax gastile recurrent	Plan. Not subject to pre-service review.	-	-
G9104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the		
G9104	One ax gastric unknown NOS	Plan. Not subject to pre-service review.	-	-
C040F	0 1	Non Covered: Procedure/service not covered by the		
G9105	Onc dx pancreatc p R0 res no	Plan. Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the		
G9106	Onc dx pancreatc p R1/R2 no	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
G9107	Onc dx pancreatic unresectab	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
G9108	Onc dx pancreatic unknwn NOS	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
G9109	Onc dx head/neck T1-T2no prg	•	_	_
		Plan. Not subject to pre-service review.		
G9110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the	_	_
		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				
	<u> </u>	Plan. Not subject to pre-service review.	<u> </u>	<u> </u>		
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the				
03114	One ax ovarian signa b or 2	Plan. Not subject to pre-service review.	-	-	_	
C011F	One dy averian eta? // nanroa	Non Covered: Procedure/service not covered by the				
G9115	Onc dx ovarian stg3/4 noprog	Plan. Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the				
G9116	Onc dx ovarian recurrence	Plan. Not subject to pre-service review.	_	_	-	
		Non Covered: Procedure/service not covered by the				
G9117	Onc dx ovarian unknown NOS	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G9123	Onc dx CML chronic phase	•	_	_	_	
		Plan. Not subject to pre-service review.				
G9124	Onc dx CML acceler phase	Non Covered: Procedure/service not covered by the				
		Plan. Not subject to pre-service review.				
G9125	Onc dx CML blast phase	Non Covered: Procedure/service not covered by the				
09123	Official Civil blast priase	Plan. Not subject to pre-service review.	-	-	-	
00406	0 100	Non Covered: Procedure/service not covered by the				
G9126	Onc dx CML remission	Plan. Not subject to pre-service review.	_	_	-	
	Oncology; Disease Status; Limited To Multiple Myeloma					
G9128	Systemic Disease; Smoldering Stage I (For Use In A	Non Covered: Procedure/service not covered by the				
G5126		Plan. Not subject to pre-service review.	-	-	-	
	Medicare-Approved Demonstration Project)	New Coursed Broad we look is not so you had but he				
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				
03100		Plan. Not subject to pre-service review.				
G9131	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the				
09131	Official distributions	Plan. Not subject to pre-service review.	-	-	-	
00400		Non Covered: Procedure/service not covered by the				
G9132	Onc dx prostate mets no cast	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G9133	Onc dx prostate clinical met	Plan. Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the				
G9134	Onc NHLstg 1-2 no relap no	•	_	_	_	
		Plan. Not subject to pre-service review.				
G9135	Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the				
	<u> </u>	Plan. Not subject to pre-service review.	_	<u>-</u>		
G9136	Onc dx NHL trans to Ig Bcell	Non Covered: Procedure/service not covered by the				
G3130	One dx Wile trails to ig been	Plan. Not subject to pre-service review.	-	-	_	
C0127	One dy NHL relance/refractor	Non Covered: Procedure/service not covered by the				
G9137	Onc dx NHL relapse/refractor	Plan. Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the				
G9138	Onc dx NHL stg unknown	Plan. Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the				
G9139	Onc dx CML dx status unknown	•	_	_	_	
		Plan. Not subject to pre-service review.				
G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by the	_	_	_	
		Plan. Not subject to pre-service review.				

	0.11'11-1				
	Outpatient Intravenous Insulin Treatment (OIVIT) either				
	pulsatile or continuous by any means guided by the results	•			
G9147	of measurements for:respiratory quotient; and/or urine	subject to pre-service review. Check EIU policy, which is	_	_	_
	urea nitrogen (UUN); and/or arterial venous or capillary	one of our Clinical Payment and Coding Policy (CPCP).			
	glucose; and/or potassium concentration				
G9978	Remote E/M New Pt 10Mins	Non Covered: Procedure/service not covered by the			
	<u> </u>	Plan. Not subject to pre-service review.	_	_	
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the			
	<u> </u>	Plan. Not subject to pre-service review.	_	_	
G9980	Remote E/M New Pt 30 Mins	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9981	Remote E/M New Pt 45Mins	Non Covered: Procedure/service not covered by the			
	· · · · · · · · · · · · · · · · · · ·	Plan. Not subject to pre-service review.			_
G9982	Remote E/M New Pt 60Mins	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9983	Remote E/M Est. Pt 10Mins	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9984	Remote E/M Est. Pt 15Mins	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9985	Remote E/M Est. Pt 25Mins	Non Covered: Procedure/service not covered by the			
		Plan. Not subject to pre-service review.			_
G9986	Remote E/M Est. Pt 40Mins	Non Covered: Procedure/service not covered by the			
	The mote by the bottom of	Plan. Not subject to pre-service review.			_
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the			
65567	Detritavancea in Fronte Visit	Plan. Not subject to pre-service review.	_		_
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or			
110010	Welled Health Service 1103	classified, maybe subject to contract/clinical review.	_		_
H0047	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or			
110047	Alcoholy drug dadac sve nos	classified, maybe subject to contract/clinical review.	_		_
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
J0129	Abatacept injection	to avoid post-service review. Prior Authorization may be	_	_	_
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
G0341	Percutaneous islet celltrans	Policy Criteria. Submit for Recommended Clinical Review	_	_	_
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
J0202	Injection alemtuzumab	Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review. Prior Authorization may be	_	_	_
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
G0342	Laparoscopy islet cell trans	Policy Criteria. Submit for Recommended Clinical Review	_	_	_
		to avoid post-service review.			
		•			

J0219	Inj aval alfa-nqpt 4mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
J0220	Alglucosidase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Unlisted or Undefined: Procedures/services not — — — — — — — — — — — — — — — — — — —
J0222	Inj. patisiran 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — required per contract agreement.
J0224	Inj. lumasiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J0490	INJECTION BELIMUMAB 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0491	Inj anifrolumab-fnia 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0584	Injection burosumab-twza 1m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
J0717	Certolizumab pegol inj 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0775	Collagenase clost hist inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
J0791	Inj crizanlizumab-tmca 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be

MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be	
required per contract agreement.	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	
Intensive Cardiac Rehabilitation; With Or Without G0422 Continuous Ecg Monitoring With Exercise Per Session Continuous Ecg Monitoring With Exercise Per Session to avoid post-service reviewe. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — required per contract agreement.	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — required per contract agreement.	
Intensive Cardiac Rehabilitation; With Or Without G0423 Continuous Ecg Monitoring; Without Exercise Per Session Continuous Ecg Monitoring (Without Exercise Per Session to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
Dermal Filler injection(s) for the treatment of facial MP Criteria: Procedure/service reviewed against Medical G0429 lipodystrophy syndrome (LDS) (e.g. as a result of highly active antiretroviral therapy.) Holicy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical G2082 Visit esketamine 56m or less Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — required per contract agreement.	

G2083	Visit esketamine > 56m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1551	Inj cutaquig 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
J1554	Inj. asceniv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J1566	Immune globulin powder	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
J1599	Ivig non-lyophilized NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract — — — — — — — — — — — — — — — — — — —
J0172	Inj aducanumab-avwa 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J1746	Inj. ibalizumab-uiyk 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0218	Inj olipudase alfa-rpcp 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 7/1/2023 to avoid post-service review.
J1823	Inj. inebilizumab-cdon 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J0225	Inj vutrisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1302	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

J2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J2278	Ziconotide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.
J1411	Inj hemgenix per tx dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 to avoid post-service review.
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — required per contract agreement.
J1426	Injection casimersen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
J1427	Inj. viltolarsen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1429	Inj golodirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1632	Inj. brexanolone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
J1747	Inj spesolimab-sbzo 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 5/1/2023 to avoid post-service review.
J3032	Inj. eptinezumab-jjmr 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

J3121	Inj testostero enanthate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
J3145	Testosterone undecanoate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
J3241	Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J3245	Inj. tildrakizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be " " " " " " " " " " " " " " " " " "
J3285	Treprostinil injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J1951	Inj fensolvi 0.25 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
J1954	Leuprolide depot cipla 7.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review 4/1/2023 to avoid post-service review.
J3380	Injection vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
J3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — required per contract agreement.
J3399	Inj onase abepar-xioi treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — required per contract agreement.
	·	<u> </u>

J3490	Drugs unclassified injection	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract	-	-
		agreement.		
12227	lui ricauliaumah rang 1 mg	MP Criteria: Procedure/service reviewed against Medical		
J2327	Inj risankizumab-rzaa 1 mg	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	-
		Non Covered: Procedure/service not covered by the		
J3570	Laetrile amygdalin vit B17	Plan. Not subject to pre-service review.	-	_
		Unlisted: Procedure/service not specifically defined or		
13500	Unclassified biologies	classified, maybe subject to contract/clinical review.		
J3590	Unclassified biologics	Prior Authorization may be required per contract	_	-
		agreement.		
J3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or		
30001	2514 511 414.751 41 46, 515 1155	classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
J2440	Injection Papaverine Hcl Up To 60 Mg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7178	Inj human fibrinogen con nos	Policy Criteria. Submit for Recommended Clinical Review		
37170	ing numum normogen con nos	to avoid post-service review. Prior Authorization may be $^-$	_	-
		required per contract agreement.		
J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or		
17192	Factor vili recombinant NOS	classified, maybe subject to contract/clinical review.	_	_
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or		
7, 155	7 4000 1/1 1200 1120 1120 1120 1120 1120 11	classified, maybe subject to contract/clinical review.		
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or		
	<u> </u>	classified, maybe subject to contract/clinical review.		
J2777	Ini farisimah ayaa 0.1mg	MP Criteria: Procedure/service reviewed against Medical		
J2///	Inj faricimab-svoa 0.1mg	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
J2778	Injection Ranibizumab 0.1 Mg	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
17500	I a second and a second	Unlisted: Procedure/service not specifically defined or		
J7599	Immunosuppressive drug noc	classified, maybe subject to contract/clinical review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
J7604	Acetylcysteine comp unit	subject to pre-service review. Check EIU policy, which is _		
	. to cytoy sterile comp unit	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
J7607	Levalbuterol comp con	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		

Section Sect			
Albuterol comp con Subject to pre-service review. Check EU policy, which is	J7609	Albuterol comp unit	subject to pre-service review. Check EIU policy, which is
subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Bedomethasone comp unit EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Budesonide comp unit EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	J7610	Albuterol comp con	subject to pre-service review. Check EIU policy, which is
Second S	J7615	Levalbuterol comp unit	subject to pre-service review. Check EIU policy, which is
Betamethasone comp unit Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	J7622	Beclomethasone comp unit	subject to pre-service review. Check EIU policy, which is
Budesonide comp unit Subject to pre-service review. Check EIU policy, which is	J7624	Betamethasone comp unit	subject to pre-service review. Check EIU policy, which is
Bitolterol mesylate comp con Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). Fild: Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-service review. Check EIU policy, which is Subject to pre-	J7627	Budesonide comp unit	subject to pre-service review. Check EIU policy, which is
Bitolterol mesylate comp unt subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	J7628	Bitolterol mesylate comp con	subject to pre-service review. Check EIU policy, which is
Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	J7629	Bitolterol mesylate comp unt	subject to pre-service review. Check EIU policy, which is
Subject to pre-service review. Check EIU policy, which is	J7632	Cromolyn sodium comp unit	subject to pre-service review. Check EIU policy, which is
J7635 Atropine comp con subject to pre-service review. Check EIU policy, which is	J7634	Budesonide comp con	subject to pre-service review. Check EIU policy, which is
	J7635	Atropine comp con	subject to pre-service review. Check EIU policy, which is

J7636	Atropine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7637	Dexamethasone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7638	Dexamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7640	Formoterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7641	Flunisolide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7642	Glycopyrrolate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7643	Glycopyrrolate comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7645	Ipratropium bromide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7647	Isoetharine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7650	Isoetharine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7657	Isoproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

J7660	Isoproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7667	Metaproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7670	Metaproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7676	Pentamidine comp unit dose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7680	Terbutaline sulf comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
J7681	Terbutaline sulf comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7683	Triamcinolone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7684	Triamcinolone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7685	Tobramycin comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
J7699	Inhalation solution for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7799	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J7999	Compounded drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J8498	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
J8499	Oral prescrip drug non chemo	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.

J8597	Antiemetic drug oral NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
J8999	Oral prescription drug chemo	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
J9020	Asparaginase NOS	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
J2779	Ini susvimo 0.1 ma	Policy Criteria. Submit for Recommended Clinical Review _		
J2779	Inj susvimo 0.1 mg	-	_	-
		to avoid post-service review.		
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
10222	Ini of continued Ima	Policy Criteria. Submit for Recommended Clinical Review		
J9332	Inj efgartigimod 2mg	to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
12200	Let the section	·		
J3299	Inj xipere 1 mg	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
		Unlisted: Procedure/service not specifically defined or		
J9999	Chemotherapy drug	classified, maybe subject to contract/clinical review.	_	_
		Prior Authorization may be required per contract —		_
		agreement.		
10500	5 L	MP Criteria: Procedure/service reviewed against Medical		
J3520	Edetate disodium per 150 mg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7177	Inj. fibryga 1 mg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
	Methyl Aminolevulinate (Mal) For Topical Administration	MP Criteria: Procedure/service reviewed against Medical		
J7309	16.8% 1 Gram	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7316	Injection Ocriplasmin 0.125 Mg	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J7402	Mometasone sinus sinuva	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
J9600	Porfimer sodium injection	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
K0108	W/c component-accessory NOS	to avoid post-service review.		
		Unlisted or Undefined: Procedures/services not	_	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		, , , , , ,		

к0005		MP Criteria: Procedure/service reviewed against Medical
	Ultralightweight wheelchair	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0010	Stnd wt frame power whichr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0011	Stnd wt pwr whichr w control	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0012	Ltwt portbl power whichr	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0013	Custom power whichr base	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0014	Other power whichr base	Policy Criteria. Submit for Recommended Clinical Review
	·	to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
к0053	Elevate footrest articulate	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review
	Power operated vehicle NOC	to avoid post-service review.
K0812		Unlisted or Undefined: Procedures/services not
		specifically defined or classified, maybe subject to
		contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
K0065	Spoke protectors	Policy Criteria. Submit for Recommended Clinical Review
K0003	Spoke protectors	
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical
KOAFF	Down water water to the color	
K0455	Pump uninterrupted infusion	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0800	POV group 1 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0801	POV group 1 hd 301-450 lbs	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0802	POV group 1 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
K0806	POV group 2 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
-		

V0007	DOV 202002 2 hd 204 450 lbs	MP Criteria: Procedure/service reviewed against Medical			
K0807	POV group 2 hd 301-450 lbs	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
к0808	POV group 2 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review _			
Rooco	1 0 1 6 1 0 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
K0813	PWC gp 1 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review _			
	3. 1 ,	to avoid post-service review.	_	_	
		<u> </u>			
		MP Criteria: Procedure/service reviewed against Medical			
K0814	PWC gp 1 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0815	PWC gp 1 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _			
	- OF	to avoid post-service review.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
K0816	PWC gp 1 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _			
K0810	FWC gp 1 Std cap chair	to avoid post-service review.	_	_	
		to avoid post service review.			
		MP Criteria: Procedure/service reviewed against Medical			
K0820	PWC gp 2 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			
		MD Critoria: Procedure/consist reviewed against Madis-1			
K0821	DIA/C an 2 and nort an above	MP Criteria: Procedure/service reviewed against Medical			
KU821	PWC gp 2 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review _	-	-	
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical			
K0822	PWC gp 2 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _			
	THE BP 2 Sta Sead back	to avoid post-service review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
K0823	PWC gp 2 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _		_	
	<u>.</u>	to avoid post-service review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
K0824	PWC gp 2 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_	
		to avoid post-service review.			

		MP Criteria: Procedure/service reviewed against Medical		
K0825	DIVIC on 2 hd can chair	Policy Criteria. Submit for Recommended Clinical Review		
KU623	PWC gp 2 hd cap chair	·	-	_
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
KOBSE	DIVIC on 2 yeld sout/back	·		
K0826	PWC gp 2 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
K0027	DMC and had an about	MP Criteria: Procedure/service reviewed against Medical		
K0827	PWC gp vhd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0828	PWC gp 2 xtra hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0829	PWC gp 2 xtra hd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0830	PWC gp2 std seat elevate s/b	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0831	PWC gp2 std seat elevate cap	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0835	PWC gp2 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0836	PWC gp2 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0837	PWC gp 2 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	G. G	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
K0838	PWC gp 2 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review		
	- OF STATE	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
к0839	PWC gp2 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	o Spza s8 po ope 3/2	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
K0840	PWC gp2 xhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
10040	T WE gpz Alia sing pow opt 3/b	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
K0841	PWC gp2 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
10041	I WC 6PZ 3tu muit pow opt 3/0		-	_
		to avoid post-service review. MR Critoria: Procedure/convice reviewed against Medical		
V0842	DWC and etd mult now ant can	MP Criteria: Procedure/service reviewed against Medical		
K0842	PWC gp2 std mult pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
K0043	DIA/C and had moved to account of the	MP Criteria: Procedure/service reviewed against Medical		
K0843	PWC gp2 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical		
V0040	DMC 2 and seen /heads			
K0848	PWC gp 3 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
V0040	DMC 2 -t d th-1-	MP Criteria: Procedure/service reviewed against Medical		
K0849	PWC gp 3 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0850	PWC gp 3 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0851	PWC gp 3 hd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0852	PWC gp 3 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0853	PWC gp 3 vhd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0854	PWC gp 3 xhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0855	PWC gp 3 xhd cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0856	PWC gp3 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0857	PWC gp3 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _		_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0858	PWC gp3 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
		to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
к0859	PWC gp3 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _		
	- Oh Oh	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
K0860	PWC gp3 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
1	OF 5 Por ope 0/ 2	to avoid post-service review.	_	- -
		MP Criteria: Procedure/service reviewed against Medical		
K0861	PWC gp3 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	o Dbo seeer bon obe sin	to avoid post-service review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
K0862	PWC gp3 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
10002	c gps na maic pow opc 3/6	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
к0863	PWC gp3 vhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
10003	I MAC BAS ALICE LITTLE FORM OFF 3/D		_	_
		to avoid post-service review.		

K00C4	DMC 2 Indian It assessed to	MP Criteria: Procedure/service reviewed against Medical		
K0864	PWC gp3 xhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
K0868	PWC gp 4 std seat/back	Policy Criteria. Submit for Recommended Clinical Review _		
	J. ,	to avoid post-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
К0869	PWC gp 4 std cap chair	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0870	PWC gp 4 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
K0871	PWC gp 4 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
К0877	PWC gp4 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review _		
	31 31 1 7	to avoid post-service review.	_	_
KOROR	Devices wheelsheis NOC	Unlisted: Procedure/service not specifically defined or		
K0898	Power wheelchair NOC	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
K0878	PWC gp4 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		5 · · · · · · · · ·
K1002	Ces system	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective
		one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
		Non Covered: Procedure/service not covered by the		Retire effective
K1003	Whirlpool Tub Walkin Portabl	Plan. Not subject to pre-service review.	12/31/2023	12/31/2023
		FILL Dropodure /comise not reimbursed by the Dlan Net		
K1004	La frague diatharmy davisa	EIU: Procedure/service not reimbursed by the Plan. Not		
K1004	Lo freq us diathermy device	subject to pre-service review. Check EIU policy, which is _ one of our Clinical Payment and Coding Policy (CPCP).	-	-
		one of our clinical rayment and county rolley (crcr).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1007	Bil hkaf pc s/d micro sensor	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		, , , ,		
		EIU: Procedure/service not reimbursed by the Plan. Not		Retire effective
K1009	Speech volume modulation sys	subject to pre-service review. Check EIU policy, which is	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		12/31/2023
K4040	E. L. Bulk Lover	EIU: Procedure/service not reimbursed by the Plan. Not	42/26/2022	Retire effective
K1018	Ext up limb tremor stim wris	subject to pre-service review. Check EIU policy, which is	12/31/2023	12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		

K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K1023	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
K1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
K0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	-
K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
L3040	Ft arch suprt premold longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
L3060	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
3649	Orthopedic shoe modifica NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
L3999	Upper limb orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
K0885	PWC gp4 std mult pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0886	PWC gp4 hd mult pow s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

L5999	Lowr extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
К0890	PWC gp5 ped sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
(0891	PWC gp5 ped mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K0899	Pow mobil dev no dmepdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K1020	Non-invasive vagus nerv stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
X1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	12/31/2023	Retire effective 12/31/2023
(1030	Ext recharge bat replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
K1031	Non pneu comp control w/o ca		12/31/2023 /1/2023	Retire effective 12/31/2023
1032	Non pneum seq comp full leg	the state of the s	12/31/2023 /1/2023	Retire effective 12/31/2023
(1033	Non pneum seq comp half leg		12/31/2023 /1/2023	Retire effective 12/31/2023
_1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-

MPC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lawring only Below Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lawring of Service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lawring of Service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lawring of Service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lawring of Service reviewed. ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) Wrist disarticul switch ctrl L6920 Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Lo awid post-service review. MP Criteria: Procedure/service reviewed against Med	
L5973 Ank-foot sys dors-plant flex	
L5973 Ank-foot sys dors-plant flex Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Submit for Recommended Clinical Review to avoid post-service review dagainst Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review dagainst Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review dagainst Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post	
L5973 Ank-foot sys dors-plant flex Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review Additional switch ext power to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review Additional switch ext power Policy Criteria: Submit for Recommended Clinical Review Additional switch ext power Policy Criteria: Submit for Recommended Clinical Review Additional switch ext power Policy Criteria: Submit for Recommended Clinical Review Additional Switch ext power Policy Criteria: Submit for Recommended Clinical Review Additional Switch ext power Policy Criteria: Submit for Recommended Clinical Review Additional Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review Additional Policy Criteria: Submit for Recommended Clinical Review Additional Policy Criteria: Procedure/service reviewed Review Additional Policy Additional Policy Additional Policy Criteria: Procedure/service reviewed Review Additional Policy Additional Policy Additional Policy Additional Policy Criteria: Procedure/service reviewed Review Additional Policy Additional Policy Additional Policy Additional Policy Additional Policy Additional Policy Pol	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Part hand myo exclu term dev Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review dagainst Medical Policy Criteria. Submit for Recommended Clinical Review Delicy Criteria. Submit for Recommended Clinical Review to avoid post-service review. ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinica	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit Recommended Clinical Review to avoid post-service reviewed. ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(s) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service	
L6016 Part hand myo exclu term dev Policy Criteria. Submit for Recommended Clinical Review _	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review To avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Cl	
L6811 Additional switch ext power Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) MP Criteria: Submit for Recommended Clinical Review _ to avoid post-service reviewed against Medical	
INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service review against Medical Policy Criteria: Procedure/service review against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	
L6880 INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S) MP Criteria: Procedure/service reviewed against Medical L6920 Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6925 Wrist disart myoelectronic c MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct AP Oriteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review for eviewed against Medical Policy Criteria: Procedure/service reviewed against Medical	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6920 Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical L6925 Wrist disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6931 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical	
MP Criteria: Procedure/service reviewed against Medical L6920 Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review	
L6920 Wrist disarticul switch ctrl Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6925 Wrist disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewe. MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review for avoid post-service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review Policy Criteria. Submit for	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6925 Wrist disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewe. MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review Policy Criteria: Procedure/service reviewed against Medical L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review Po	
MP Criteria: Procedure/service reviewed against Medical L6925 Wrist disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review	
L6925 Wrist disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed. MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review MP Criteria: Procedure/service reviewed against Medical Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review Policy Criteria: Procedure/service reviewed against Medical Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review Policy Criteria.	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
L6930 Below elbow switch control Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review	
L6935 Below elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review	
L6940 Elbow disarticulation switch Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review	
MP Criteria: Procedure/service reviewed against Medical L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review	
L6945 Elbow disart myoelectronic c Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
L6950 Above elbow switch control Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
L6955 Above elbow myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
L6960 Shldr disartic switch contro Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	
MP Criteria: Procedure/service reviewed against Medical	
L6965 Shldr disartic myoelectronic Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review.	

L6970	Interscapular-thor switch ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review		
16970	interscapular-thor switch ct	to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
L6975	Interscap-thor myoelectronic	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or		
L8039	Breast prosthesis NOS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
L8048	Unspec maxillofacial prosth	classified, maybe subject to contract/clinical review.	-	_
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or		
10433	Offisted finse prostrictic ser	classified, maybe subject to contract/clinical review.	=	
		MP Criteria: Procedure/service reviewed against Medical		
L7008	Pediatric electric hand	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
L8605	Inj bulking agent anal canal	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
L7009	Adult electric hook	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
L8608	Arg ii ext com/sup/acc misc	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
L7040	Prehensile actuator	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
L8614	Cochlear Device	to avoid post-service review. Prior Authorization may be —	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
L8615	Coch Implant Headset Replace	Policy Criteria. Submit for Recommended Clinical Review	_	_
		to avoid post-service review. Prior Authorization may be — required per contract agreement.		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
L8616	Coch Implant Microphone Repl	Policy Criteria. Submit for Recommended Clinical Review		
10010	Coch impiant wild opnone nepr	to avoid post-service review. Prior Authorization may be $\ ^-$	-	-
		required per contract agreement.		

L8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8621	Repl Zinc Air Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8622	Repl Alkaline Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8623	Lith Ion Batt Cid Non-Earlvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8624	Lith Ion Batt Cid Ear Level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — required per contract agreement.
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8628	Cid Ext Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —

L8629	Cid Transmit Coil And Cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
L8690	Aud Osseo Dev Int/Ext Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be
L8691	Aoi Snd Proc Repl Excl Actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
L8693	Aud Osseo Dev Abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
L7045	Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
L7170	Electronic elbow hosmer swit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
M0075	Cellular therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
M0240	Casiri and imdev repeat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).
M0241	Casiri and imdev repeat hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).
M0243	Casirivi and imdevi inj	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).

M0244	Casirivi and imdevi inj hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
M0245	bamlan and etesev infusion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
M0246	Bamlan and etesev infus home	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
L7180	Electronic elbow sequential	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
P9020	Plaelet rich plasma unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
P9099	Blood component/product noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.
Q0240	Casirivi and imdevi 600mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
Q0243	casirivimab and imdevimab	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
Q0244	Casirivi and imdevi 1200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023
Q0245	bamlanivimab and etesevima	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 6/1/2023 one of our Clinical Payment and Coding Policy (CPCP).
Q0507	Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
		,,,,

Q0510	Dispens fee immunosupressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical		
L7181	Electronic elbo simultaneous	Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	_	-
L7185	Electron elbow adolescent sw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _	-	_
Q2039	Influenza virus vaccine nos	to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
Q2041	Axicabtagene ciloleucel car+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q2042	Tisagenlecleucel car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q2050	Doxorubicin inj 10mg	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-
Q2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
Q2053	Brexucabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q2055	Idecabtagene vicleucel car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

		MP Criteria: Procedure/service reviewed against Medical		
Q2056	Ciltacabtagene car-pos t	Policy Criteria. Submit for Recommended Clinical Review		
Q2030	Cittacastagene cai-pos t	to avoid post-service review. Prior Authorization may be ${}^-$	-	-
		required per contract agreement.		
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or		
Q-030	eust supplies diffiséed	classified, maybe subject to contract/clinical review.	-	
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
		Non Covered: Procedure/service not covered by the		
	- "	Plan. Not subject to pre-service review.		
Q4082	Drug/bio NOC part B drug CAP	Unlisted or Undefined: Procedures/services not	-	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review		
Q4100	Skin substitute NOS	to avoid post-service review.	_	_
		Unlisted or Undefined: Procedures/services not		
		specifically defined or classified, maybe subject to		
		contract/clinical review. MP Criteria: Procedure/service reviewed against Medical		
L7186	Electron elbow child switch	·		
L/180	Electron elbow child Switch	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
L7190	Elbow adolescent myoelectron	Policy Criteria. Submit for Recommended Clinical Review _		
L/190	Libow adolescent mydelectron	to avoid post-service review.	_	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4103	Oasis burn matrix	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4104	Integra BMWD	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
L7191	Elbow child myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
L7364	Twelve volt battery utah/equ	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
L7366	Battery chrgr 12 volt utah/e	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
L8604	Dextranomer/hyaluronic acid	Policy Criteria. Submit for Recommended Clinical Review _	-	_
		to avoid post-service review.		

Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4111	Gammagraft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4112	Cymetra injectable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4113	Graftjacket xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
L8606	Synthetic implnt urinary 1ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L8612	Aqueous shunt prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4127	TALYMED PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4130	STRATTICE TM PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
P2031	Hair analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q2026	Radiesse injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4134	hMatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4137	Amnioexcel biodexcel 1sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4139	Amnio or biodmatrix inj 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4141	Alloskin ac 1 cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4148	Neox neox rt or clarix cord	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4155	Neoxflo or clarixflo 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4156	Neox 100 or clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4157	Revitalon 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4158	Kerecis omega3 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4160	Nushield 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
•	· · · · · · · · · · · · · · · · · · ·	

Q4162	Wndex flw bioskn flw 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4163	Woundex bioskin per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4105	Integra drt or omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4171	Interfyl 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4173	Palingen or palingen xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4174	Palingen or promatrx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4175	Miroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4176	Neopatch or therion per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4177	Floweramnioflo 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4178	Floweramniopatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4179	Flowerderm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4181	Amnio wound per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4182	Transcyte per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4183	Surgigraft 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4184	Cellesta or duo per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4188	Amnioarmor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

_
-
-
-
-
-
-
-
-
-
-

Q4211	Amnion bio or axobio sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4215	Axolotl ambient cryo 0.1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4216	Artacent cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4217	Woundfix biowound plus xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4220	Bellacell HD Surederm sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

Q4222 Progenamatrix per sq cm subject to pre-service review. Check EIU policy, which is	_
one of our Clinical Payment and Coding Policy (CPCP).	
EIU: Procedure/service not reimbursed by the Plan. Not Q4224 Hhf10-p per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4225 Amniobind per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4227 Amniocore per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4229 Cogenex amnio memb per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4230 Cogenex flow amnion 0.5 cc subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4231 Corplex p per cc subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4232 Corplex per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Surfactor / nudyn per 0.5 cc subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4234 Xcellerate per sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
EIU: Procedure/service not reimbursed by the Plan. Not Q4235 Amniorepair or altiply sq cm subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-

Q4236	Carepatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4237	Cryo-cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4238	Derm-maxx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4239	Amnio-maxx or lite per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4240	Corecyte topical only 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4241	Polycyte topical only 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4242	Amniocyte plus per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).

Q4248	Dermacyte amn mem allo sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4249	Amniply per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4250	Amnioamp-mp per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4255	Reguard topical use per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4256	Mlg complet per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is

Q4259	Celera per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4260	Signature apatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4261	Tag per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-
Q4262	Dual layer impax per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-
Q4263	Surgraft tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-
Q4264	Cocoon membrane per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 1/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-
Q4265	Neostim tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).	-
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-
Q4266	Neostim per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).	-
Q4114	Integra flowable wound matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-
Q4267	Neostim dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 _ one of our Clinical Payment and Coding Policy (CPCP).	-
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	-

Q4268	Surgraft ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4122	Dermacell awm porous sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4269	Surgraft xt per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4128	Flexhd/allopatchhd/sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4270	Complete sI per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4132	Grafix core grafixpl core	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q4271	Complete ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is 9/1/2023 one of our Clinical Payment and Coding Policy (CPCP).	-	-
Q4133	Grafix stravix prime pl sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review _ to avoid post-service review.	-	-
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-
Q5103	Injection inflectra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q5104	Injection renflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — required per contract agreement.
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
Q4154	Biovance 1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
S0117	Tretinoin topical 5 g	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0142	Colistimethate inh sol mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
S0157	Becaplermin gel 1% 0.5 gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — required per contract agreement.
S0197	Prenatal vitamins 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0310	Hospitalist Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0320	RN telephone calls to DMP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S0622	Phys exam for college	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
Q4159	Affinity1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
S0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S1001	Deluxe item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.

Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
S2117	Arthroereisis subtalar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S2120	Low Density Lipoprotein(Ldl)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be — — — — — — — — — — — — — — — — — —
S2300	Arthroscopy shoulder surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
Q5124	Inj. byooviz 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review
Q5128	Inj cimerli 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 6/1/2023
S3600	Stat lab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S3650	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S3652	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S4015	Complete IVF nos case rate	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S0013	Esketamine nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review

		MP Criteria: Procedure/service reviewed against Medical
S0800	Laser in situ keratomileusis	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
S1091		MP Criteria: Procedure/service reviewed against Medical
	Stent non-coronary propel	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
S2083	Adjustment gastric band	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
S2112	Knee arthroscp harv	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
S2118	Total hip resurfacing	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
		MP Criteria: Procedure/service reviewed against Medical
S2140	Cord blood harvesting	Policy Criteria. Submit for Recommended Clinical Review
		to avoid post-service review.
5.4000	*** ·* · · · · · ·	Non Covered: Procedure/service not covered by the
S4990	Nicotine patch legend	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S4991	Nicotine patch nonlegend	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S4995	Smoking cessation gum	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S5035	Hit Routine Device Maint	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S5036	Hit Device Repair	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S5100	Adult daycare services 15min	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S5101	Adult day care per half day	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the
S5102	Adult day care per diem	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service review.
S5105	Centerbased day care perdiem	Plan. Not subject to pre-service review.
		Non Covered: Procedure/service review.
S5108	Homecare train pt 15 min	
		Plan. Not subject to pre-service review.
S5109	Homecare train pt session	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
S5110	Family homecare training 15m	Non Covered: Procedure/service not covered by the
		Plan. Not subject to pre-service review.
S5111	Family homecare train/sessio	Non Covered: Procedure/service not covered by the
	i aililly nomecare trailly sessio	Plan. Not subject to pre-service review.
S5115	Nonfamily homecare train/15m	Non Covered: Procedure/service not covered by the
	,	Plan. Not subject to pre-service review.

S5116	Nonfamily HC train/session	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
S5120	Chore services per 15 min	Non Covered: Procedure/service not covered by the		
	<u> </u>	Plan. Not subject to pre-service review.		
S5121	Chore services per diem	Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		-
S5125	Attendant care service /15m	Non Covered: Procedure/service not covered by the		
00120	71001100110011000725111	Plan. Not subject to pre-service review.		
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the		
33120	Attendant care service / diem	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
S5130	Homaker service nos per 15m	Unlisted or Undefined: Procedures/services not	_	_
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
S5131	Homemaker service nos /diem	Unlisted or Undefined: Procedures/services not		
		specifically defined or classified, maybe subject to	-	_
		contract/clinical review.		
		Non Covered: Procedure/service not covered by the		
S5135	Adult companioncare per 15m	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
S5136	Adult companioncare per diem	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5140	Adult foster care per diem	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5141	Adult foster care per month	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5145	Child fostercare th per diem	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5146	Ther fostercare child /month	Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the		
S5150	Unskilled respite care /15m	•	_	_
		Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the		
S5151	Unskilled respitecare /diem	•	_	_
		Plan. Not subject to pre-service review.		
S5160	Emer response sys instal&tst	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
S5161	Emer rspns sys serv permonth	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
S5162	Emer rspns system purchase	Non Covered: Procedure/service not covered by the	_	_
		Plan. Not subject to pre-service review.		
S5165	Home modifications per serv	Non Covered: Procedure/service not covered by the		
	'	Plan. Not subject to pre-service review.		
S5170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by the		
	,,	Plan. Not subject to pre-service review.		

S5175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
		· · ·		
S5181	HH respiratory thrpy nos/day	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
		Non Covered: Procedure/service not covered by the		
S5185	Med reminder serv per month	Plan. Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
S5199	Personal care item nos each	Unlisted or Undefined: Procedures/services not		
55155	r croonar care recirrings each	specifically defined or classified, maybe subject to	-	-
		contract/clinical review.		
		Unlisted: Procedure/service not specifically defined or		
S5497	HIT cath care noc	classified, maybe subject to contract/clinical review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
S2142	Cord blood-derived stem-cell	Policy Criteria. Submit for Recommended Clinical Review		
32112	cord blood derived stem cen	to avoid post-service review.	_	_
		·		
		EIU: Procedure/service not reimbursed by the Plan. Not		
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	subject to pre-service review. Check EIU policy, which is _	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	subject to pre-service review. Check EIU policy, which is		
30131	INTERCENTIAL CORRENT STINIOLATOR 4 CHANNEL	one of our Clinical Payment and Coding Policy (CPCP).	_	-
S8189	Trach supply noc	Unlisted: Procedure/service not specifically defined or		
30103		classified, maybe subject to contract/clinical review.		
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by the		
30270	Enaicolo didiffi	Plan. Not subject to pre-service review.		
S8301	Infect control supplies NOS	Unlisted: Procedure/service not specifically defined or		
36301	mreet control supplies 1105	classified, maybe subject to contract/clinical review.		
S8460	Camisole post-mast	Non Covered: Procedure/service not covered by the		
30400	cumsore post must	Plan. Not subject to pre-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
S2150	BMT harv/transpl 28d pkg	Policy Criteria. Submit for Recommended Clinical Review $_$	_	_
		to avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
S8940	Hippotherapy per session	subject to pre-service review. Check EIU policy, which is	_	_
	, r	one of our Clinical Payment and Coding Policy (CPCP).	_	
		MP Criteria: Procedure/service reviewed against Medical		
S2202	Echosclerotherapy	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.	-	_
50000	2	Non Covered: Procedure/service not covered by the		
S8990	Pt or manip for maint	Plan. Not subject to pre-service review.	_	-
		, , , , , ,		

\$9001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S9056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S9090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
S2230	Implant semi-imp hear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
S9125	Respite care in the home p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S2235	Implant auditory brain imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.
S9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
S9381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9436	Lamaze class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9437	Childbirth refresher class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —
S9438	Cesarean birth class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the
S9439	VBAC class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the
S9442	Birthing class	Plan. Not subject to pre-service review. – – – – Non Covered: Procedure/service not covered by the
S9444	Parenting class	Plan. Not subject to pre-service review. — — — — — — — — — — Unlisted: Procedure/service not specifically defined or
S9445	PT education noc individ	classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
S9446	PT education noc group	Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not
S9447	Infant safety class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —

Seption Exercise class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - -	-
System Class mgmt class Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-
Section 15 Stress mgmt class Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	
Fetoscop laser ther TTTS Policy Criteria. Submit for Recommended Clinical Review	
to avoid post-service review. S9482 Family stabilization 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) MP Criteria: Procedure/service reviewed against Medical MP Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical	
S9482 Family stabilization 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) MP Criteria: Procedure/service reviewed against Medical Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Policy Criteria: Procedure/service reviewed against Medical MP Criteria: Procedure/service reviewed against Medical	_
S9542 HT inj noc per diem Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) System (List Separately In Addition To Code For Primary Procedure) Required Family stabilization 15 min Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
S9542 HT inj noc per diem Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) Procedure) WP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_
Surgical Techniques Requiring Use Of Robotic Surgical Surgical Techniques Requiring Use Of Robotic Surgical Surgical Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical Support Supp	
Surgical Techniques Requiring Use Of Robotic Surgical MP Criteria: Procedure/service reviewed against Medical System (List Separately In Addition To Code For Primary Procedure) Procedure) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_
S2900 System (List Separately In Addition To Code For Primary Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
Procedure) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	
MP Criteria: Procedure/service reviewed against Medical	_
S4023 Incompl donor egg case rate Policy Criteria. Submit for Recommended Clinical Review	_
to avoid post-service review.	
S9810 HT pharm per hour Unlisted: Procedure/service not specifically defined or	
classified, maybe subject to contract/clinical review.	-
S9900 Christian Sci Pract visit Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.	-
Non Covered: Procedure/service not covered by the S9970 Health club membership yr	
Plan. Not subject to pre-service review.	_
Non Covered: Procedure/service not covered by the	
S9975 Transplant Related Per Diem Plan. Not subject to pre-service review	_
Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.	
S9976 Lodging per diem Unlisted or Undefined: Procedures/services not	
specifically defined or classified, maybe subject to	
contract/clinical review.	
Non Covered: Procedure/service not covered by the	
Plan. Not subject to pre-service review.	
S9977 Meals per diem Unlisted or Undefined: Procedures/services not	
specifically defined or classified, maybe subject to	
contract/clinical review.	
Non Covered: Procedure/service not covered by the	
S9981 Med record copy admin Plan. Not subject to pre-service review. — — — — — — — — — — — — — — — — — — —	_
Non Covered: Procedure/service not covered by the	
S9982 Med record copy per page Plan. Not subject to pre-service review.	_
Non Covered: Procedure/service not covered by the	
IS9986 Not medically necessary syc	_
Plan. Not subject to pre-service review. — — — — — Non Covered: Procedure/service not covered by the	
IS9988 Serv part of phase I trial	
Plan. Not subject to pre-service review.	
Services provided as part of Non Covered: Procedure/service not covered by the	_
Plan. Not subject to pre-service review.	
Non Covered: Procedure/service not covered by the Services provided as part of	_
Plan. Not subject to pre-service review.	

		Non Covered: Procedure/service not covered by the	
S9992	Transportation costs to and	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
S9994	Lodging costs (e.g. hotel ch	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
S9996	Meals for clinical trial par	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
S9999	Sales tax	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
T1014	Telehealth transmit per min	Plan. Not subject to pre-service review.	
		Unlisted: Procedure/service not specifically defined or	
T1505	Elec med comp dev noc	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T1999	NOC retail items and supplies	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2012	Habil ed waiver per diem	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2013	Habil ed waiver per hour	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2014	Habil prevoc waiver per d	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2015	Habil prevoc waiver per hr	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2016	Habil res waiver per diem	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2017	Habil res waiver 15 min	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2018	Habil sup empl waiver/diem	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2019	Habil sup empl waiver 15min		
		classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	
T2020	Day habil waiver per diem		
		classified, maybe subject to contract/clinical review.	
T2021	Day habil waiver per 15 min	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
T2024	Serv asmnt/care plan waiver	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
T2025	Waiver service nos	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
T2026	Special childcare waiver/d	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
T2027	Spec childcare waiver 15 min	Unlisted: Procedure/service not specifically defined or	
	<u> </u>	classified, maybe subject to contract/clinical review.	
T2028	Special supply nos waiver	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
T2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	

T2030	Assist living waiver/month	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
T2031	Assist living waiver/diem	Unlisted: Procedure/service not specifically defined or	
	<u> </u>	classified, maybe subject to contract/clinical review.	
T2032	Res care nos waiver/month	Unlisted: Procedure/service not specifically defined or	
12032	nes care nes waiver/month	classified, maybe subject to contract/clinical review.	
T2033	Dec nec waiver ner diem	Unlisted: Procedure/service not specifically defined or	
12033	Res nos waiver per diem	classified, maybe subject to contract/clinical review.	
	2.1.1.	Unlisted: Procedure/service not specifically defined or	
T2034	Crisis interven waiver/diem	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2035	Utility services waiver	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2036	Camp overnite waiver/session		
		classified, maybe subject to contract/clinical review.	
T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or	
	, , ,	classified, maybe subject to contract/clinical review.	
T2038	Comm trans waiver/service	Unlisted: Procedure/service not specifically defined or	
12030	Committeens warvery service	classified, maybe subject to contract/clinical review.	
T2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or	
12059	verlicle friod walver/service	classified, maybe subject to contract/clinical review.	
T2040	e:	Unlisted: Procedure/service not specifically defined or	
T2040	Financial mgt waiver/15min	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
T2041	Support broker waiver/15 min	classified, maybe subject to contract/clinical review.	
		Non Covered: Procedure/service not covered by the	
T2101	Breast milk proc/store/dist	Plan. Not subject to pre-service review.	
		Unlisted: Procedure/service not specifically defined or	
T5999	Supply nos		
		classified, maybe subject to contract/clinical review.	
V2025	Eyeglasses delux frames	Non Covered: Procedure/service not covered by the	
		Plan. Not subject to pre-service review.	
V2199	Lens single vision not oth c	Unlisted: Procedure/service not specifically defined or	
12133	Letto single vision not oth c	classified, maybe subject to contract/clinical review.	
V2599	Contact long/or other type	Unlisted: Procedure/service not specifically defined or	
V2599	Contact lens/es other type	classified, maybe subject to contract/clinical review.	
V2C20	Described in a settle of	Unlisted: Procedure/service not specifically defined or	
V2629	Prosthetic eye other type	classified, maybe subject to contract/clinical review.	
		Non Covered: Procedure/service not covered by the	
V2702	Deluxe lens feature	Plan. Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the	
V2744	Tint photochromatic lens/es	Plan. Not subject to pre-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
C4025	Denomination IVE ages and	·	
S4025	Donor serv IVF case rate	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S4026	Procure donor sperm	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	
-			

		Non Covered: Procedure/service not covered by the		
		Plan. Not subject to pre-service review.		
V2799	Mica vision itam or convice	· ·		
V2799	Misc vision item or service	Unlisted or Undefined: Procedures/services not	-	-
		specifically defined or classified, maybe subject to		
		contract/clinical review.		
V5090	Hearing aid dispensing fee	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
	6.	MP Criteria: Procedure/service reviewed against Medical		
S4027	Store prev froz embryos	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
V5267	Hearing aid sup/access/dev	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
V5274	ALD unspecified	Unlisted: Procedure/service not specifically defined or		
	<u> </u>	classified, maybe subject to contract/clinical review.		
V5287	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
V5299	Hearing service	Unlisted: Procedure/service not specifically defined or		
	5	classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical		
S4030	Sperm procure init visit	Policy Criteria. Submit for Recommended Clinical Review _	_	_
		to avoid post-service review.		
C4024	Sperm procure subs visit	MP Criteria: Procedure/service reviewed against Medical		
S4031		Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
C4040	Marc'l at a series and a 20 d	MP Criteria: Procedure/service reviewed against Medical		
S4040	Monit store cryo embryo 30 d	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
50025	Manager to a service of the service	MP Criteria: Procedure/service reviewed against Medical		
S8035	Magnetic source imaging	Policy Criteria. Submit for Recommended Clinical Review _	_	-
		to avoid post-service review.		
50000	A code de calanteration dation	MP Criteria: Procedure/service reviewed against Medical		
S8930	Auricular electrostimulation	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
00040	Landa allegation 45 mile	MP Criteria: Procedure/service reviewed against Medical		
S8948	Low-level laser trmt 15 min	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
00117	Development of the State	MP Criteria: Procedure/service reviewed against Medical		
S9117	Back school visit	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review.		
S9335	UT homodialysis diam	MP Criteria: Procedure/service reviewed against Medical		
37333	HT hemodialysis diem	Policy Criteria. Submit for Recommended Clinical Review _	-	-
		to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		
50472	Cardiac rehabilitation areas	·		
S9472	Cardiac rehabilitation progr	Policy Criteria. Submit for Recommended Clinical Review _	=	-
		to avoid post-service review.		

		MP Criteria: Procedure/service reviewed against Medical	
S9558	HT inj growth horm diem	Policy Criteria. Submit for Recommended Clinical Review _	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S9562	HT inj palivizumab diem	Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
V2787	Astigmatism-correct function	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
V2788	Presbyopia-correct function	Policy Criteria. Submit for Recommended Clinical Review _	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
V5095	Implant mid ear hearing pros	Policy Criteria. Submit for Recommended Clinical Review	_
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
V5362	Speech Screening	Policy Criteria. Submit for Recommended Clinical Review	
		to avoid post-service review.	_
		MP Criteria: Procedure/service reviewed against Medical	
V5363	Language Screening	Policy Criteria. Submit for Recommended Clinical Review _	
	88	to avoid post-service review.	-
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
64555	IMPLANT NEUROELECTRODES	to avoid post-service review. 7/15/2023 12/31/29	— 19
0 1333	IVII D IVI NEONOELLE INODES	MP Criteria: Procedure/service reviewed against Medical	,,
		Policy Criteria. Submit for Recommended Clinical Review	
64575	OPN IMPLTJ NEA PERPH NERVE	to avoid post-service review. 7/15/2023 12/31/29	_ PQ
04373	OT WHAT END THERE	MP Criteria: Procedure/service reviewed against Medical	,,,
		Policy Criteria. Submit for Recommended Clinical Review	
64590	INSRT/REDO PN/GASTR STIMUL	·	_
04390	INSKT/ KEDO PN/GASTK STIMOL	to avoid post-service review. 7/15/2023 12/31/29 MP Criteria: Procedure/service reviewed against Medical	75
		·	
C1020	Consistent assume weeks had as	Policy Criteria. Submit for Recommended Clinical Review	_
C1820	Generator neuro rechg bat sy	to avoid post-service review. 7/15/2023 12/31/29	1 9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
C1822	Gen neuro hf rechg bat	to avoid post-service review. 7/15/2023 12/31/29	99
		Non Covered: Procedure/service not covered by the	
J1726	Makena 10 mg	Plan. Not subject to pre-service review. 7/15/2023 12/31/29	99 –
		Non Covered: Procedure/service not covered by the	
J1729	Inj hydroxyprogst capoat nos	Plan. Not subject to pre-service review. 7/15/2023 12/31/29	99 –
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8678	Ext sply implt neurostim	to avoid post-service review. 7/15/2023 12/31/29	99
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8679	Imp neurosti pls gn any type	to avoid post-service review. 7/15/2023 12/31/29	99

		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
L8680	Implt neurostim elctr each	to avoid post-service review. 7/15/2023 12/31/299	_
18080	impit neurostim eicti each	MP Criteria: Procedure/service reviewed against Medical	5
		Policy Criteria. Submit for Recommended Clinical Review	
1.0601	Dt praym for implt pourocting	·	_
L8681	Pt prgrm for implt neurostim	to avoid post-service review. 7/15/2023 12/31/299 MP Criteria: Procedure/service reviewed against Medical	9
10000	Leadly and the form	Policy Criteria. Submit for Recommended Clinical Review	_
L8682	Implt neurostim radiofq rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8683	Radiofq trsmtr for implt neu	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8685	Implt nrostm pls gen sng rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
L8686	Implt nrostm pls gen sng non	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8687	Implt nrostm pls gen dua rec	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8688	Implt nrostm pls gen dua non	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8689	External recharg sys intern	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
L8695	External recharg sys extern	to avoid post-service review. 7/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
J9029	Inj adstiladrin per tx dos	Policy Criteria. Submit for Recommended Clinical Review 8/1/2023 12/31/299	9 _
		to avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J9381	Inj teplizumab mzwv 5 mcg	to avoid post-service review. 8/1/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J1576	Inj panzyga 500 mg	to avoid post-service review. 8/1/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J2329	Inj ublituximab-xiiy 1 mg	to avoid post-service review. 8/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
C9786	Echo cad for hf preserved ef	to avoid post-service review. 8/1/2023 12/31/299	9
1	·		

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
Q4284	Dermabind sl per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q.1201	Service of	MP Criteria: Procedure/service reviewed against Medical		11,01,100	
		Policy Criteria. Submit for Recommended Clinical Review			
Q4283	Biovance tri or 31 sq cm	to avoid post-service review.	8/15/2023	12/31/2999	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			-
Q4282	Cygnus dual per sq cm		12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
Q4281	Barrera slor dl per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q.201	San Station at per sq offi		/ 1/ 2023	,,,,	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			-
Q4280	Xcell amnio matrix per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			-
Q4278	Epieffect per sq cm	one of our chinear ayment and coding to hely (cr. cr.).	12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
Q4277	Woundplus e-grat per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q4277	woundplus e-grat per sq cm		12/1/2023	12/31/2333	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			-
Q4276	Orion per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			-
Q4275	Esano aca per sq cm	and the second s	12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			_
Q4274	Esano ac per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
Q7274	Estatio de per sq eni		12/1/2023	12,31,2333	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			-
Q4273	Esano aaa per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).			-
Q4272	Esano a per sq cm	one of our chimear rayment and coding roney (crer).	12/1/2023	12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical	
		·	
J3396	Vartanarfin injection	Policy Criteria. Submit for Recommended Clinical Review	_
13390	Verteporfin injection	to avoid post-service review. 8/15/2023 12/31/299)
		MP Criteria: Procedure/service reviewed against Medical	
10170	Ini hankainannah dhill 4 mm	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 8/15/2023 12/31/299	_
J0179	Inj brolucizumab-dbll 1 mg	to avoid post-service review. 8/15/2023 12/31/299 MP Criteria: Procedure/service reviewed against Medical)
		-	
J0178	Aflibercept injection	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 8/15/2023 12/31/299	_
JU178	Ambercept injection	to avoid post-service review. 8/15/2023 12/31/299	,
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	<u>_</u>
C9785	Endo outlet restrict w/tube	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/299	
C9763	Endo outlet restrict w/tube	12/1/2025 12/51/299	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	_
C9784	Endo sleeve gastro w/tube	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/299	a
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
90880	HYPNOTHERAPY	to avoid post-service review. 8/1/2023 12/31/299	_ }
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
67027	IMPLANT EYE DRUG SYSTEM	to avoid post-service review. 8/15/2023 12/31/299	_
		FILL Dragadura /comiss not raimbursed by the Dlan Net	
		EIU: Procedure/service not reimbursed by the Plan. Not	
		subject to pre-service review. Check EIU policy, which is	<u>-</u>
0809T	ARTHRD SI JT PRQ TFX&IMPLT	one of our Clinical Payment and Coding Policy (CPCP). 12/1/2023 12/31/299	,
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
0545T	TCAT TV ANNULUS RCNSTJ	to avoid post-service review. 9/1/2023 12/31/299	}
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
0569T	TTVR PERQ APPR 1ST PROSTH	to avoid post-service review. 9/1/2023 12/31/299)
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
0570T	TTVR PERQ EA ADDL PROSTH	9/1/2023 12/31/299)
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	-
		to avoid post-service review.	
0000	IDE ADITIA TUMA ODCAM DEDO	0.14.10000	
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	9/1/2023 12/31/299	,

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.			-
0601T	IRE ABLTJ 1+TUMORS OPEN		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			_
0740T	REM AUTON ALG NSLN CAL SETUP	to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.			-
0741T	REM AUTON ALG NSLN DATA COLL		9/1/2023	12/31/2999	
98978	REM THER MNTR DEV SPLY CBT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-
A4341	lduc valve pat inst repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-
A4342	Iduc valve sply repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	11/15/2023	12/31/2999	-
J7183	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMAN) WILATE 1 I.U. VWF:RCO	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			
J3111	Inj. romosozumab-aqqg 1 mg		3/1/2024	12/31/2999	Add effective 03/01/2024
J2796	Romiplostim injection		3/1/2024	12/31/2999	Add effective 03/01/2024
J2354	Octreotide inj non-depot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	3/1/2024	12/31/2999	Add effective 03/01/2024
J2353	Octreotide injection depot	Policy Criteria. Submit for Recommended Clinical Review		12/31/2999	Add effective 03/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
J1930	Lanreotide injection	Policy Criteria. Submit for Recommended Clinical Review	3/1/2024	12/31/2999	Add effective 03/01/2024
11930	Lameotide injection		3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			
10405	Delete cout in lection		2/4/2024	12/21/2000	Add affaatii.a 02/01/2024
J0485	Belatacept injection		3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
0597T	TEMP FML IU VALVE-PMP RPLCMT	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	11/15/2023	12/31/2999	_
05971	TEIMIP FINIL TO VALVE-PIMP RPLCIMIT	<u> </u>	11/13/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
0596T	TEMP FML IU VLV-PMP 1ST INSJ	to avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
59072	UMBILICAL CORD OCCLUD W/US	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
59076	FETAL SHUNT PLACEMENT W/US	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2400	Fetal surg congen hernia	to avoid post-service review.	10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2401	Fetal surg urin trac obstr	to avoid post-service review. NIP CITTERIA: PROCEQUIE/SERVICE REVIEWED AGAINST INTEGRAL	10/1/2023	12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review			
S2402	Fetal surg cong cyst malf	top voidenas + 1000 dia reviewe agains invenicar	10/1/2023	12/31/2999	_
		Policy Criteria. Submit for Recommended Clinical Review			_
S2403	Fetal surg pulmon sequest	to avaid next continue review	10/1/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
		to avoid post-service review.			_
		to avoid post-service review.			
S2404	Fetal surg myelomeningo		10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
		to avoid post-service review.			
S2405	Fetal surg sacrococ teratoma		10/1/2023	12/31/2999	
	-	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
S2409	Fetal surg noc	to avoid post-service review.	10/1/2023	12/31/2999	
		·			

L5991	Add to lower ext prostheses, osseointegrated ext prost connector	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
E0490	Power source/control electronics unit for oral device/appliance for neuro musc elec stim tongue muscle	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
E0491	Oral device/appliance for neuro musc elec stim tongue muscle, 90-day supply	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
K1036	Supplies/accessories low freq ultrasonic diathermy per month	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4285	Nudyn dl or nudyn dl mesh, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4286	Nudyn sl or nudyn slw, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2022	Innovaburn or innovamatrix xl, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2023	Innovamatrix pd, 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2024	Resolve matrix, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2025	Miro3d, per cubic cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A4560	Nmes disposable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/15/2024	12/31/2999	Add effective 1/15/2024
C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	-

A4560	Nmes disposable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 1/14/2024	Add effective 10/15/2023 Retire effective 01/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_
95982	IO GA N-STIM SUBSQ W/REPROG	to avoid post-service review. 10/1/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J0174	Inj lecanemab-irmb 1 mg	to avoid post-service review. 9/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
K1017	Monthly supp use with k1016	to avoid post-service review. 10/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
K1016	Trans elec nerv for trigemin	to avoid post-service review. 10/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J0741	Inj cabote rilpivir 2mg 3mg	to avoid post-service review. 10/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
J0739	Injection cabotegravir 1 mg	to avoid post-service review. 10/15/2023 12/31/299	9
0322U	NEURO ASD MEAS 14 ACYL CARN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/15/2023 2/1/2024	Add effective 10/15/2023 Retire effective 02/01/2024
0322U	NEURO ASD MEAS 14 ACYL CARN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). 2/1/2024 12/31/299	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	
95981	IO ANAL GAST N-STIM SUBSQ	to avoid post-service review. 10/1/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	·
		Policy Criteria. Submit for Recommended Clinical Review	_
E0746	Electromyograph biofeedback	to avoid post-service review. 11/1/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
93264	REM MNTR WRLS P-ART PRS SNR	to avoid post-service review. 10/15/2023 12/31/299	9
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review	_
33289	TCAT IMPL WRLS P-ART PRS SNR	to avoid post-service review. 10/15/2023 12/31/299	9
33203			
33283		MP Criteria: Procedure/service reviewed against Medical	
33263		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
0332T	HEART SYMP IMAGE PLNR SPECT	to avoid post-service review.	11/15/2023	12/31/2999	_
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
0072T	US LEIOMYOMATA ABLATE >200	to avoid post-service review.	12/1/2023	12/31/2999	_
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
0071T	US LEIOMYOMATA ABLATE <200	to avoid post-service review.	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
C9734	U/S trtmt not leiomyomata		12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
64624	DSTRJ NULYT AGT GNCLR NRV	to avoid post-service review.	12/1/2023	12/31/2999	Add effective 12/1/2023
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
0072T	FCSD US ABLTJ LEIOMYOM>=200		12/1/2023	12/31/2999	Add effective 12/1/2023
		MP Criteria: Procedure/service reviewed against Medical			
	2522 646244 446447 4444 47 444	Policy Criteria. Submit for Recommended Clinical Review		12/21/2000	Add affactive 4/4/2024
0200T	PERQ SACRAL AUGMT UNILAT INJ	<u> </u>	1/1/2024	12/31/2999	Add effective 1/1/2024
		MP Criteria: Procedure/service reviewed against Medical			
0201T	PERQ SACRAL AUGMT BILAT INJ	Policy Criteria. Submit for Recommended Clinical Review	1/1/2024	12/21/2000	Add effective 1/1/2024
02011	PERQ SACRAL AUGINT BILAT INJ	to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical		12/31/2999	Add effective 1/1/2024
		Policy Criteria. Submit for Recommended Clinical Review			
0071T	US LEIOMYOMATA ABLATE <200	to avoid post-service review.	12/1/2023	12/31/2999	Add effective 12/1/2023
				,,,	1.0.0 000 2, 2, 2.0.0
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
0546T	RF SPECTRSC NTRAOP MRGN ASMT	to avoid post-service review.	1/1/2024	12/31/2999	Add effective 01/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			Add effective 02/01/2024
		to avoid post-service review.			Retire effective
0369U	IADNA GI PTHGN 31 ORG&21 ARG	to avoid post-service review.	2/1/2024	4/30/2024	04/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
					Add effective
036011	IADNA GIDTHGN 21 ODG8.21 ADG	subject to pre-service review. Check EIU policy, which is	F/4F/	2024 42/24/2000	Add effective
0369U	IADNA GI PTHGN 31 ORG&21 ARG		5/15/	2024 12/31/2999	Add effective 05/015/2024
0369U	IADNA GI PTHGN 31 ORG&21 ARG	subject to pre-service review. Check EIU policy, which is		2024 12/31/2999	
0369U	IADNA GI PTHGN 31 ORG&21 ARG	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		2024 12/31/2999	
	IADNA GI PTHGN 31 ORG&21 ARG PERQ SACRAL AUGMT BILAT INJ	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical			05/015/2024
		subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	2024 12/31/2999 12/31/2999	05/015/2024
0369U 0201T		subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical	1/1/2024		
0369U 0201T		subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024		05/015/2024

0494T	PREP & CANNULI CDVR DON LUNG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 02/01/2024
0495T	MNTR CDVR DON LNG 1ST 2 HRS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 02/01/2024
0496T	MNTR CDVR DON LNG EA ADDL HR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.		12/31/2999	Add effective 02/01/2024
L8603	Collagen imp urinary 2.5 ml	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
Q2049	Imported Lipodox inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
22836	ANT THRC VRT BODY TETHRG <7	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
22837	ANT THRC VRT BODY TETHRG 8+	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
22838	REV RPLC/RMV THRC VRT TETHRG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
27278	ARTHRD SI JT PRQ WO TFXJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
31242	NSL/SINUS NDSC RF ABLTJ PNN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
31243	NSL/SINUS NDSC CRYOABLTJ PNN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33276	INSJ PHRNC NRV STIM SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024

33277	INSJ PHRNC NRV STIM TRANSVNS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33278	RMVL PHRNC NRV STIM SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33279	RMVL PHRNC NRV STIM TRANSVNS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33280	RMVL PHRNC NRV STIM PG ONLY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33281	REPOSG PHRNC NRV STIM TRNSVN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33287	RMV&RPLCMT PHRNC NRV STIM PG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
33288	RMV&RPLCMT PHRNC NRV STIM LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
52284	CYSTO RX BALO CATH URTL STRX	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
53855	INSERT PROST URETHRAL STENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
93150	THERAPY ACTIVATION IPNSS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
93151	INTERROG&PRGRMG IPNSS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
93152	INTERROG&PRGRMG IPNSS POLYSM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024

93153	INTERROG W/O PRGRMG IPNSS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
0790T	REVJ RPLCMT/RMVL VRT TETHRG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
A4540	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
A4542	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
C1832	Auto cell process sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
E0732	Ces system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
E0734	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
E3000	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024



CPT copyright 2023 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of New Mexico (BCBSNM). For other services/members, BCBSNM has contracted with Carelon Medical Benefits Management for utilization management and related services.

Services performed without prior authorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSNM members. Obtaining prior authorization is not a substitute for checking eligibility and benefits.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Carelon Medical Benefits Management. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Blue Cross and Blue Shield of New Mexico, A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association