

(HCPCS) cod	les related to services/categories for which prio	a ed EPO ed Plus	ן Press "CTRL" and	-	
	Procedure Code Groups	Procedu	re Code Group Desc	ription	
Medical Policy	· Criteria (MP Criteria)	Procedures/services reviewed against Medical I	Policy Criteria. Subm	nit for Recommende	d Clinical Review
		(Predetermination) to avoid post-service review	<u>v.</u>		
		Highlighted procedure/service in this code grou	ip may require Prior	Authorization per c	ontract agreement.
Non Covered		Procedures/services not covered by the Plan. N	Not subject to pre-se	ervice review.	
Experimental,	Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan one of our Clinical Payment and Coding Policy	• •	e-service review. Che	eck EIU policy, which is
Unlisted or Un	defined	Procedures/services not specifically defined or	classified, may be su	ubject to contract/cli	inical review.
	Note: Some codes will a	ppear twice if Ending Date and Effective Date are within	the same quarter p	eriod.	
Procedure	Code Code Description	Code Group & Description	Effective Date	Ending Date	Updates
00640	ANESTH SPINE MANIPULATION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.		-	-
00797	ANESTH SURGERY FOR OBESITY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.		_	_
07957	Weight Loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</td><td>_</td><td>_</td><td>-</td></w>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
11201	REMOVE SKIN TAGS ADD-ON	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-

		MP Criteria: Procedures/services reviewed against Medical		
11920	Correct Skin Color 6.0 Cm/<	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
11921	Correct Skn Color 6.1-20.0Cm	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
11922	Correct Skin Color Ea 20.0Cm	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
11950	TX CONTOUR DEFECTS 1 CC/<	Policy Criteria. Submit for Recommended Clinical Review to		
11550		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Policy Criteria. Submit for Recommended Clinical Review to		
11551		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
11952	TX CONTOUR DEFECTS 5.1-10CC	Policy Criteria. Submit for Recommended Clinical Review to _		
11952	TX CONTOOR DELECTS 5.1-10CC		-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
11954	TX CONTOUR DEFECTS >10.0 CC			
11954	TX CONTOUR DEFECTS >10.0 CC	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
11960		MP Criteria: Procedures/services reviewed against Medical		
11960	INSERT TISSUE EXPANDER(S)	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
11070				
11970	RPLCMT TISS XPNDR PERM IMPLT	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
11000		MP Criteria: Procedures/services reviewed against Medical		
11980	IMPLANT HORMONE PELLET(S)	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15271	Skin Sub Graft Trnk/Arm/Leg	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15272	Skin Sub Graft T/A/L Add-On	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15273	Skin Sub Grft T/Arm/Lg Child	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15274	Skn Sub Grft T/A/L Child Add	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15275	Skin Sub Graft Face/Nk/Hf/G	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15276	Skin Sub Graft F/N/Hf/G Addl	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		

		MP Criteria: Procedures/services reviewed against Medical	
15277	Skn Sub Grft F/N/Hf/G Child	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	
15277	Ski Sub Gritt / W/ II/ G Ciliu	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15278	Skn Sub Grft F/N/Hf/G Ch Add	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	
15276	Skil Sub Gitt F/N/HI/G Cil Add		
		avoid post-service review by BCBS.	
15750		MP Criteria: Procedures/services reviewed against Medical	
15758	FREE FASCIAL FLAP MICROVASC	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15769	GRFG AUTOL SOFT TISS DIR EXC	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15771	GRFG AUTOL FAT LIPO 50 CC/<	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15772	GRFG AUTOL FAT LIPO EA ADDL	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15780	DERMABRASION TOTAL FACE	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15781	DERMABRASION SEGMENTAL FACE	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15782	DERMABRASION OTHER THAN FACE	Policy Criteria. Submit for Recommended Clinical Review to	
13702		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15783	DERMABRASION SUPRFL ANY SITE	Policy Criteria. Submit for Recommended Clinical Review to _	
15785	DERMADINATION SOLVE AND SHE	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15786			
12/80	ABRASION LESION SINGLE	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
45303		MP Criteria: Procedures/services reviewed against Medical	
15787	ABRASION LESIONS ADD-ON	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15788	CHEMICAL PEEL FACE EPIDERM	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
15789	CHEMICAL PEEL FACE DERMAL	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	

45700		MP Criteria: Procedures/services reviewed against Medical		
15792	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15793	CHEMICAL PEEL NONFACIAL	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15820	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15821	REVISION OF LOWER EYELID	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15822	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
15823	REVISION OF UPPER EYELID	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria, Submit for Recommended Clinical Review to		
15824	REMOVAL OF FOREHEAD WRINKLES	avoid post-service review. Prior Authorization may be-	1/31/2024	Remove effective 01/31/2024
l -		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
15825	REMOVAL OF NECK WRINKLES	-		
13023	REMOVAL OF NECK WRINKLES	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS. MP Criteria: Procedure/service reviewed against Medical		
		Nie Citteria. Flocedule/service reviewed against Medical		
15826	REMOVAL OF BROW WRINKLES	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	1/31/2024	Remove effective 01/31/2024
		avoid post-service review. Prior Authorization may be -		
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
15828	REMOVAL OF FACE WRINKLES	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15829	REMOVAL OF SKIN WRINKLES	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15830	EXC SKIN ABD	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15832	EXCISE EXCESSIVE SKIN THIGH	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15833	EXCISE EXCESSIVE SKIN LEG	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
15834	EXCISE EXCESSIVE SKIN HIP	Policy Criteria. Submit for Recommended Clinical Review to _		
10007		avoid post-service review by BCBS.	-	-
		avoid post-service review by bebs.		

		NAD Criteria: Dressel use /services reviewed services Nashing		
45005		MP Criteria: Procedures/services reviewed against Medical		
15835	EXCISE EXCESSIVE SKIN BUTTCK	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15836	EXCISE EXCESSIVE SKIN ARM	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15837	EXCISE EXCESS SKIN ARM/HAND	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15838	EXCISE EXCESS SKIN FAT PAD	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15839	EXCISE EXCESS SKIN & TISSUE	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
15847	EXC SKIN ABD ADD-ON	Policy Criteria. Submit for Recommended Clinical Review to		
20017		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
15876	SUCTION LIPECTOMY HEAD&NECK	Policy Criteria. Submit for Recommended Clinical Review to		
13870	SOCHON EFECTOMIT HEADQUECK	avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
15077				
15877	SUCTION LIPECTOMY TRUNK	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
45070		MP Criteria: Procedures/services reviewed against Medical		
15878	SUCTION LIPECTOMY UPR EXTREM	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
15879	SUCTION LIPECTOMY LWR EXTREM	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
15999	UNLISTED PX EXC PRESSURE ULC	Unlisted: Procedure/service not specifically defined or		
15555	UNEISTED TX EXCT RESSORE DEC	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
17106	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
17107	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
17108	DESTRUCTION OF SKIN LESIONS	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
17340	CRYOTHERAPY OF SKIN	subject to pre-service review. Check EIU policy, which is		
1,0,0		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedures/services reviewed against Medical		
17360	SKIN PEEL THERAPY			
1/200		Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		

		MP Criteria: Procedures/services reviewed against Medical		
17380	HAIR REMOVAL BY ELECTROLYSIS	Policy Criteria. Submit for Recommended Clinical Review to		
17380		avoid post-service review by BCBS.	-	-
		Unlisted: Procedure/service not specifically defined or		
17999	UNLISTD PX SKN MUC MEMB SUBQ	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
19105	CRYOSURG ABLATE FA EACH			
19105	CRIOSORG ABLATE FA EACH	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
10200				
19300	REMOVAL OF BREAST TISSUE	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
19303	MAST SIMPLE COMPLETE	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedure/service reviewed against Medical		
19316	SUSPENSION OF BREAST	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023		
15510		avoid post-service review. Prior Authorization may be-	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
19318	Breast Reduction	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	1/31/2024	Remove effective 01/31/2024
19318	breast Reduction	avoid post-service review. Prior Authorization may be	1/31/2024	Remove enective 01/31/2024
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
19325	BREAST AUGMENTATION W/IMPLT	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
19328	RMVL INTACT BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
19330	RMVL RUPTURED BREAST IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
19340	INSJ BREAST IMPLT SM D MAST	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
19342	INSJ/RPLCMT BRST IMPLT SEP D	Policy Criteria. Submit for Recommended Clinical Review to		
10012		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
19350	BREAST RECONSTRUCTION	Policy Criteria. Submit for Recommended Clinical Review to _		
19990		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
19355				
2222	CORRECT INVERTED NIPPLE(S)	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
10257		MP Criteria: Procedures/services reviewed against Medical		
19357	TISS XPNDR PLMT BRST RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS.		

		MP Criteria: Procedures/services reviewed against Medical		
19370	REVJ PERI-IMPLT CAPSULE BRST	Policy Criteria. Submit for Recommended Clinical Review to		
10070		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
19371	PERI-IMPLT CAPSLC BRST COMPL	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	_
		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: Procedures/services reviewed against Medical		
20527	INJ DUPUYTREN CORD W/ENZYME	Policy Criteria. Submit for Recommended Clinical Review to		
	· · · · · · ,	avoid post-service review by BCBS.	-	_
		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		
		one of our Clinical Payment and Coding Policy (CPCP).	-	_
		MP Criteria: Procedures/services reviewed against Medical		
20983	ABLATE BONE TUMOR(S) PERQ	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.		
		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	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
20999	UNLISTED PX MUSCSKEL GENERAL	Unlisted: Procedure/service not specifically defined or		
20999	UNLISTED PX MOSCSKEL GENERAL	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
21073	MNPJ OF TMJ W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
21089	UNLISTED MAXLFCL PROSTH PX	Unlisted: Procedure/service not specifically defined or		
21089	UNLISTED WAXEI CE PROSTITIPA	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
21120	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
21121	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
21122	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
21123	RECONSTRUCTION OF CHIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		

		NAD Criteria - Dependence (non-size regions - Madical
		MP Criteria: Procedure/service reviewed against Medical
21125	Augmentation Lower Jaw Bone	Policy Criteria. Submit for Recommended Clinical Review to
	C C	avoid post-service review. Phot Automation may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
21127	Augmentation Lower Jaw Bone	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
	Augmentation Lower Sum Done	avoid post-service review. Prior Authorization may be-
		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 9/18/2023
21145	Lefort I-1 hele wy Gran	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 to 9/18/2023
21140	Lefort I-2 Piece W/ Graft	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
21147	Lafarth 2/2 Diago W// Craft	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
21147	Lefort I-3/> Piece W/ Graft	avoid post-service review. Prior Authorization may be 9/18/2023 – – –
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
24450		Policy Criteria. Submit for Recommended Clinical Review to
21150	Lefort li Anterior Intrusion	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
21151	Lefort li W/Bone Grafts	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
21154	Lefort Iii W/O Lefort I	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
21155	Lefort Iii W/ Lefort I	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
21159	Lefort Iii W/Fhdw/O Lefort I	avoid post-service review. Prior Authorization may be- 9/18/2023 – – –
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria Submit for Recommended Clinical Review to
21160	Lefort Iii W/Fhd W/ Lefort I	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
l		required per contract agreement.

2138 Reconstruction Of Midlace Policy Criteria. Subbinit for Recommendation (Inicial Review to required are structure review algosite Medical 21206 //8/2023 - - 21206 Reconstruct Upper Jaw Bone Policy Criteria. Subbinit for Recommendation (Inicial Review to 2000 as structure review algosite Medical 2000 as structure review algosite medical Proceeding Proceed			
21296 Reconstruct Upper law Bone Projection and provide review digits Model Inview ID Projection and provide Inview ID Projection ProjectioN Projection			MP Criteria: Procedure/service reviewed against Medical
21296 Reconstruct Upper law Bone Projection and provide review digits Model Inview ID Projection and provide Inview ID Projection ProjectioN Projection	21188	Reconstruction Of Midface	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
Microtenia: Procedur/service reviewed against Medical Microtenia: Procedur/service reviewed against Medical 21206 Policy Criteria: Solutiol for Recommended Clinical Review to avaid post-service reviewed patient Medical 9/8/2023 - - 21208 Augmentation of Facial Bones Microtenia: Procedur/service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed Against Medical Policy Criteria: Solution for Recommended Clinical Review to avaid post-service reviewed Clinical Review to avaid post-service reviewed Clinical R	21100		avoid post-service review. Prior Authorization may be-
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	MP Criteria: Procedures/services reviewed against Medical		Recommended Clinical Review
29866 AUTGRFT IMPLNT KNEE W/SCOPE	Policy Criteria. Submit for Recommended Clinical Review to	_	01/01/2024
	avoid post-service review by BCBS.		01/01/2024
			Moved from PA to
	MP Criteria: Procedures/services reviewed against Medical		
29914 HIP ARTHRO W/FEMOROPLASTY	Policy Criteria. Submit for Recommended Clinical Review to _	_	Recommended Clinical Review
	avoid post-service review by BCBS.		01/01/2024
	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29915 HIP ARTHRO ACETABULOPLASTY	Policy Criteria. Submit for Recommended Clinical Review to	_	Recommended Clinical Review
	avoid post-service review by BCBS.	-	01/01/2024
	. ,		
	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29916 HIP ARTHRO W/LABRAL REPAIR	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	avoid post-service review by BCBS.	-	01/01/2024
	avoid post-service review by bebs.		
	MP Criteria: Procedure/service reviewed against Medical		
	Policy Criteria. Submit for Recommended Clinical Review 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		
	one of our Clinical Payment and Coding Policy (CPCP).	-	-
	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, Dreadure (service net specifically defined or			
		Unlisted: Procedure/service not specifically defined or			
20000		classified, maybe subject to contract/clinical review.			
30999	UNLISTED PROCEDURE NOSE	MP: Procedures/services reviewed against Medical Policy	-	_	
		Criteria. Submit for Recommended Clinical Review to avoid			
		post-service review by BCBS.			
		Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.			
31299	UNLISTED PX ACCESSORY SINUS	MP: Procedures/services reviewed against Medical Policy _	-	-	
		Criteria. Submit for Recommended Clinical Review to avoid			
		post-service review by BCBS.			
31599	UNLISTED PROCEDURE LARYNX	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_	_	
31899	UNLISTED PX TRACHEA BRONCHI	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
32994	ABLATE PULM TUMOR PERQ CRYBL	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
32998	ABLATE PULM TUMOR PERQ RF	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
32999	UNLISTED PX LUNGS & PLEURA	Unlisted: Procedure/service not specifically defined or			
32333		classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
33211	INSERT CARD ELECTRODES DUAL	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
33267	EXCL LAA OPEN ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
33268	EXCL LAA OPN OTH PX ANY METH	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
33269	EXCL LAA THRSCP ANY METHOD	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
33274	TCAT INSJ/RPL PERM LDLS PM	Policy Criteria. Submit for Recommended Clinical Review to _			
		avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
33275	Tcat Rmvl Perm Ldls Pm W/Img	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
33285	INSJ SUBQ CAR RHYTHM MNTR	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
33418	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		atom post service review by bebb.			

		MP Criteria: Procedures/services reviewed against Medical		
33419 R	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
33542 R	Removal Of Heart Lesion	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review.		
33999 L	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 L	UNLISTED PX VASCULAR NJX	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
36465 N	NJX NONCMPND SCLRSNT 1 VEIN	Policy Criteria. Submit for Recommended Clinical Review to		
50405	NIX NONCINI ND SCEISINI I VEIN	avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
26466				
36466 N	NJX NONCMPND SCLRSNT MLT VN	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
36468 N	NJX SCLRSNT SPIDER VEINS	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
36470 N	NJX SCLRSNT 1 INCMPTNT VEIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
36471 N	NJX SCLRSNT MLT INCMPTNT VN	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
36473 E	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 E	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: Procedures/services reviewed against Medical		
36475 E	ENDOVENOUS RF 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
36476 E	ENDOVENOUS RF VEIN ADD-ON	Policy Criteria. Submit for Recommended Clinical Review to _		
50 4 70 E			-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
26470				
36478 E	ENDOVENOUS LASER 1ST VEIN	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
36479 E	ENDOVENOUS LASER VEIN ADDON	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		

		MP Criteria: Procedures/services reviewed against Medical			
36482	ENDOVEN THER CHEM ADHES 1ST	Policy Criteria. Submit for Recommended Clinical Review to			
50482	ENDOVEN THEN CHEW ADITES 151	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
36483	ENDOVEN THER CHEM ADHES SBSQ	Policy Criteria. Submit for Recommended Clinical Review to			
50405		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
36516	Apheresis Immunoads Slctv	avoid post-service review. Prior Authorization may be-	_	_	
		required per contract agreement.			
		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 $1/1/2023$			
50850		one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		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 $1/1/2023$			
50657	PRQ AV FSTECKT UXTR SEP ACS		-	-	
		one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedures/services reviewed against Medical			
	PHOTOPHERESIS				
36522	PHOTOPHERESIS	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
30322		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
37215	TRANSCATH STENT CCA W/EPS				
37215	TRANSCATH STENT CCA W/EPS	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
37216		Policy Criteria. Submit for Recommended Clinical Review to _			
57210	TRANSCATH STENT CCA W/O EPS	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37217	STENT PLACEMT RETRO CAROTID	Policy Criteria. Submit for Recommended Clinical Review to _			
57217	STENT PLACEMIT RETRO CAROTID	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37218	STENT PLACEMT ANTE CAROTID	Policy Criteria. Submit for Recommended Clinical Review to _			
57210	STENT PLACEIVIT ANTE CAROTID	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37241	VASC EMBOLIZE/OCCLUDE VENOUS				
37241	VASE EINBOLIZE/OCCLODE VENOOS	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Policy Criteria. Submit for Recommended Clinical Review to			
57242	VASC EIVIBOLIZE/OCCLODE ARTERT	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Policy Criteria. Submit for Recommended Clinical Review to			
57245	VAJE LIVIDOLIZE/ OCCLUDE ORGAN		-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
37244	VASC EMBOLIZE/OCCLUDE BLEED	Policy Criteria. Submit for Recommended Clinical Review to			
57244	VASC EIVIDULIZE/ UCCLUDE BLEED	, _	-	-	
		avoid post-service review by BCBS. Unlisted: Procedure/service not specifically defined or			
37501	UNLISTED VASC ENDOSCOPY PX		_	_	
		classified, maybe subject to contract/clinical review.			

		MP Criteria: Procedures/services reviewed against Medical			
37500					
57500	ENDOSCOPY LIGATE PERF VEINS	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
37700	REVISE LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review to _			
57700	REVISE LEG VEIN	· · · · · ·	-	_	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
27710					
37718	LIGATE/STRIP SHORT LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
27722					
37722	LIGATE/STRIP LONG LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review to _	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
37735	REMOVAL OF LEG VEINS/LESION	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
27762		MP Criteria: Procedures/services reviewed against Medical			
37760	LIGATE LEG VEINS RADICAL	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
37761	LIGATE LEG VEINS OPEN	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
37765	STAB PHLEB VEINS XTR 10-20	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
37766	PHLEB VEINS - EXTREM 20+	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
37780	REVISION OF LEG VEIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
37799	UNLISTED PX VASCULAR SURGERY	Unlisted: Procedure/service not specifically defined or			
51155		classified, maybe subject to contract/clinical review.	-	-	
38129	UNLISTED LAPS PX SPLEEN	Unlisted: Procedure/service not specifically defined or			
55125		classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
37785	LIGATE/DIVIDE/EXCISE VEIN	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
28204	BL DONOR SEARCH MANAGEMENT	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
38204		avoid post-service review. Prior Authorization may be-	-	-	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
28205		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
38206	HARVEST AUTO STEM CELLS	9/18/2023 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 9/18/2023			
38205	HARVEST ALLOGENEIC STEM CELL	avoid post-service review. Prior Authorization may be-	_	_	
		· · · · · · · · · · · · · · · · · · ·			
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical			
		Nip Citteria. Procedule/service reviewed against Medical			
38207	CRYOPRESERVE STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
		avoid post-service review. Phot Authorization may be	_	_	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
38208	THAW PRESERVED STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38209	WASH HARVEST STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38210	T-CELL DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38211	TUMOR CELL DEPLETE OF HARVST	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38212	RBC DEPLETION OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38213	PLATELET DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
38214	VOLUME DEPLETE OF HARVEST	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
20220		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
38230	BONE MARROW HARVEST ALLOGEN	avoid post-service review. Prior Authorization may be-	-	_	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
38215	HARVEST STEM CELL CONCENTRTE	Policy Criteria. Submit for Recommended Clinical Review to	_		
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
38232	BONE MARROW HARVEST AUTOLOG	9/18/2023 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 9/18/2023			
38241	TRANSPLT AUTOL HCT/DONOR	avoid post-service review. Prior Authorization may be-	_	-	
		required per contract agreement.			
I		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. Phot Authonization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
38242	TRANSPLT ALLO LYMPHOCYTES	Policy Criteria. Submit for Recommended Clinical Review to
30242	TRANSPET ALLO ETMIPHOCTTES	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 9/18/2023
38243	TRANSPLJ HEMATOPOIETIC BOOST	avoid post-service review. Prior Authorization may be 9/18/2023 – – –
		required per contract agreement.
		Unlisted: Procedure/service not specifically defined or
38589	UNLISTED LAPS PX LYMPHTC SYS	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
38999	UNLISTD PX HEMIC/LYMPHTC SYS	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
39499	UNLISTED PX MEDIASTINUM	
		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
-0055		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).
44500		Unlisted: Procedure/service not specifically defined or
41599	UNLISTED PX TONGUE FLR MOUTH	classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the Plan.
41820	Excision Gum Each Quadrant	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
41821	Excision Of Gum Flap	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
41822	Excision Of Gum Lesion	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
41823	Excision Of Gum Lesion	
		Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan. - - -
41828	Excision Of Gum Lesion	
		Not subject to pre-service review.
41830	Removal Of Gum Tissue	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
41870	Gum Graft	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
41872	Repair Gum	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan.
410/4		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	
12033		classified, maybe subject to contract/clinical review.	
42999	UNLISTED PX PHRNX ADND/TNSL	Unlisted: Procedure/service not specifically defined or	
42333	UNEISTED FX FTIRIX ADIND/THSE	classified, maybe subject to contract/clinical review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
43206	ESOPH OPTICAL ENDOMICROSCOPY	subject to pre-service review. Check EIU policy, which is	
		one of our Clinical Payment and Coding Policy (CPCP).	
		MP Criteria: Procedures/services reviewed against Medical	
38308	INCISION OF LYMPH CHANNELS	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
43252	EGD OPTICAL ENDOMICROSCOPY	subject to pre-service review. Check EIU policy, which is	
43232	EGD OF TICAL ENDOWICKOSCOFT		
		one of our Clinical Payment and Coding Policy (CPCP).	
40000		MP Criteria: Procedures/services reviewed against Medical	
43236	UPPR GI SCOPE W/SUBMUC INJ	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
43289	UNLISTED LAPS PX ESOPH	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		EIU: Procedure/service not reimbursed by the Plan. Not	
43290	EGD FLX TRNSORL DPLMNT BALO	subject to pre-service review. Check EIU policy, which is 1/1/2023	
		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
43291	EGD FLX TRNSORL RMVL BALO	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	
43499	UNLISTED PROCEDURE ESOPHAGUS	classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedures/services reviewed against Medical	
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Policy Criteria. Submit for Recommended Clinical Review to	
45204		avoid post-service review by BCBS.	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
42622			
43632	REMOVAL OF STOMACH PARTIAL	avoid post-service review. 6/1/2023	
		MP Criteria: Procedures/services reviewed against Medical	
43633	REMOVAL OF STOMACH PARTIAL	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or	
13033		classified, maybe subject to contract/clinical review.	
	3644 LAP GASTRIC BYPASS/ROUX-EN-Y	MP Criteria: Procedures/services reviewed against Medical	
43644		Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
43645	LAP GASTR BYPASS INCL SMLL I	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		arola post deriver renter by bebb.	

		MP Criteria: Procedures/services reviewed against Medical			
43770	LAP PLACE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review to _	-	-	
		avoid post-service review by BCBS.			
10771		MP Criteria: Procedures/services reviewed against Medical			
43771	LAP REVISE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review to _	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
43772	LAP RMVL GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
43773	LAP REPLACE GASTR ADJ DEVICE	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
43774	LAP RMVL GASTR ADJ ALL PARTS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
43775	LAP SLEEVE GASTRECTOMY	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
43842	V-BAND GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review to	_		
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
43843	GASTROPLASTY W/O V-BAND	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43845	GASTROPLASTY DUODENAL SWITCH	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43846	GASTRIC BYPASS FOR OBESITY	Policy Criteria. Submit for Recommended Clinical Review to _			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43847	GASTRIC BYPASS INCL SMALL I	Policy Criteria. Submit for Recommended Clinical Review to			
-30-7	GASTING DIT ASS INCL SMALL I	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43848	REVISION GASTROPLASTY	Policy Criteria. Submit for Recommended Clinical Review to			
43848	REVISION GASTROFLAST		-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
12000					
43886	REVISE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
		avoid post-service review by BCBS.			
43999	UNLISTED PROCEDURE STOMACH	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or	_		
		classified, maybe subject to contract/clinical review.	_	_	
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_	_	
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	—	

44979	UNLISTED LAPS PX APPENDIX	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
45399	UNLISTED PROCEDURE COLON	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	
45499	LAPAROSCOPE PROC RECTUM	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	
45999	UNLISTED PROCEDURE RECTUM	Unlisted: Procedure/service not specifically defined or			
-5555		classified, maybe subject to contract/clinical review.	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
46707	REPAIR ANORECTAL FIST W/PLUG	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
46999		Unlisted: Procedure/service not specifically defined or			
40999	UNLISTED PROCEDURE ANUS	classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43887	REMOVE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review to $_$	_		
		avoid post-service review by BCBS.	_	_	
		Unlisted: Procedure/service not specifically defined or			
47379	UNLISTED LAPS PX LIVER	classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
43888	CHANGE GASTRIC PORT OPEN	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
47370	LAPARO ABLATE LIVER TUMOR RF	Policy Criteria. Submit for Recommended Clinical Review to			
47570		avoid post-service review by BCBS.	-	-	
		Unlisted: Procedure/service not specifically defined or			
47399	UNLISTED PROCEDURE LIVER	classified, maybe subject to contract/clinical review.	_	_	
		Unlisted: Procedure/service not specifically defined or			
47579	UNLISTED LAPS PX BILIARY TRC		_	_	
47999	UNLISTED PX BILIARY TRACT	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_	_	
48999	UNLISTED PROCEDURE PANCREAS	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	
49329	UNLSTD LAPS PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or			
		classified, 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.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
47380	OPEN ABLATE LIVER TUMOR RF	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
47382	PERCUT ABLATE LIVER RF	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	—	
		Unlisted: Procedure/service not specifically defined or			
50549	UNLISTED LAPS PX RENAL	classified, maybe subject to contract/clinical review.	_	-	

		MP Criteria: Procedures/services reviewed against Medical			
50250	CRYOABLATE RENAL MASS OPEN	Policy Criteria. Submit for Recommended Clinical Review to _			
50250	CRITCABLATE REINAE MIASS OF EN	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
50360	TRANSPLANTATION OF KIDNEY	avoid post-service review. Prior Authorization may be-	_	_	
		required per contract agreement.			
		Unlisted: Procedure/service not specifically defined or			
50949	UNLISTED LAPS PX URETER	classified, maybe subject to contract/clinical review.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
50592	PERC RF ABLATE RENAL TUMOR	Policy Criteria. Submit for Recommended Clinical Review to			
50592	PERC RF ABLATE REINAL TOWIOR		-	_	
		avoid post-service review by BCBS.			
51999	UNLISTED LAPS PX BLADDER	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
50500		MP Criteria: Procedures/services reviewed against Medical			
50593	PERC CRYO ABLATE RENAL TUM	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
51715	ENDOSCOPIC INJECTION/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
52327	CYSTOSCOPY INJECT MATERIAL	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
52441	CYSTOURETHRO W/IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		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).			
53899	UNLISTED PX URINARY SYSTEM	Unlisted: Procedure/service not specifically defined or			
55655		classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
52442	CYSTOURETHRO W/ADDL IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
53855	INSERT PROST URETHRAL STENT	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
54125	REMOVAL OF PENIS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
54200	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review to	_		
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
54205	TREATMENT OF PENIS LESION	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
L					

		MP Criteria: Procedures/services reviewed against Medical		
54235	Penile Injection	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
54400	INSERT SEMI-RIGID PROSTHESIS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
54401	INSERT SELF-CONTD PROSTHESIS	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
54600		Unlisted: Procedure/service not specifically defined or		
54699	UNLISTED LAPS PX TESTIS	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
55559	UNLSTD LAPS PX SPRMATIC CORD	classified, maybe subject to contract/clinical review.	_	-
		MP Criteria: Procedures/services reviewed against Medical		
54405	INSERT MULTI-COMP PENIS PROS	Policy Criteria. Submit for Recommended Clinical Review to		
0.100		avoid post-service review by BCBS.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review.		
55899	UNLISTED PX MALE GENITAL SYS	•	_	_
		Unlisted or Undefined: Procedures/services not specifically –		
		defined or classified, maybe subject to contract/clinical		
		review.		
		MP Criteria: Procedures/services reviewed against Medical		
54660	REVISION OF TESTIS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
55880	ABLTJ MAL PRST8 TISS HIFU	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
55970	SEX TRANSFORMATION M TO F	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
55980	SEX TRANSFORMATION F TO M	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
56805	REPAIR CLITORIS	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	—	_
		MP Criteria: Procedures/services reviewed against Medical		
56810	REPAIR OF PERINEUM	Policy Criteria. Submit for Recommended Clinical Review to		
50010		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
57291	CONSTRUCTION OF VAGINA	Policy Criteria. Submit for Recommended Clinical Review to _		
51291			-	-
		avoid post-service review by BCBS.		
57202		MP Criteria: Procedures/services reviewed against Medical		
57292	CONSTRUCT VAGINA WITH GRAFT	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		

58578	UNLISTED LAPS PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
58579	UNLISTED HYSTSC PX UTERUS	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
58679	UNLISTED LAPS PX OVIDCT OVRY	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
58999	UNLISTED PX FML GENITAL SYS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	—	
		MP Criteria: Procedures/services reviewed against Medical		
57335	REPAIR VAGINA	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
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		
55655	UNLISTED FAINAT CAREGOLVIA	classified, maybe subject to contract/clinical review.	-	-
60659	UNLISTED LAPS PX ENDOC SYS	Unlisted: Procedure/service not specifically defined or		
00039	UNEISTED EAFS FX ENDOC 313	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
60600		avoid post-service review.		
60699	UNLISTED PX ENDOCRINE SYSTEM	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		
		one of our Clinical Payment and Coding Policy (CPCP).	-	_
		MP Criteria: Procedures/services reviewed against Medical		
57426	REVISE PROSTH VAG GRAFT LAP	Policy Criteria. Submit for Recommended Clinical Review to		
07.120		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
59074	FETAL FLUID DRAINAGE W/US	Policy Criteria. Submit for Recommended Clinical Review to		
55074		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
61635	INTRACRAN ANGIOPLSTY W/STENT	Policy Criteria. Submit for Recommended Clinical Review to _		
01035		avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
62262				
62263	EPIDURAL LYSIS MULT SESSIONS	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
62264		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).		
		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		
		Policy Criteria. Submit for Recommended Clinical Review to		
64582	OPN MPLTJ HPGLSL NSTM ARY PG	avoid post-service review. Prior Authorization may be	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
64639				
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
64620		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).		
64650	E se a Delse Asland De Assel 401	MP Criteria: Procedures/services reviewed against Medical		
61650	Evasc Pring Admn Rx Agnt 1St	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
64999	UNLISTED PX NERVOUS SYSTEM	MP: Procedures/services reviewed against Medical Policy	-	-
		Criteria. Submit for Recommended Clinical Review to avoid		
		post-service review by BCBS.		
65760	REVISION OF CORNEA	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
61651	Evasc Pring Admn Rx Agnt Add	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
64640	INJECTION TREATMENT OF NERVE	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
65770	REVISE CORNEA WITH IMPLANT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services 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 by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
66175	TRLUML DIL AQ O/F CAN W/ST	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
66179	AQUEOUS SHUNT EYE W/O GRAFT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
66180	AQUEOUS SHUNT EYE W/GRAFT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
66183	INSERT ANT DRAINAGE DEVICE	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.	-	_

66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	_	
67299	UNLISTED PX POSTERIOR SEGMNT	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	_
67399	UNLISTED PX EXTRAOCULAR MUSC	Unlisted: Procedure/service not specifically defined or		
0,000		classified, maybe subject to contract/clinical review.	-	-
67599	UNLISTED PROCEDURE ORBIT	Unlisted: Procedure/service not specifically defined or		
07333	UNLISTED I NOCEDONE ONDIT	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
67900	REPAIR BROW DEFECT	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023		
67900	REPAIR BROW DEFECT	avoid post-service review. Prior Authorization may be-	-	-
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
66991	XCAPSL CTRC RMVL INSJ 1+	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
67901	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to		
0/002		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
67902	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to		
07902	REPAIR ETELID DEFECT	·	-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
67002				
67903	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
67904	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
67999	UNLISTED PROCEDURE EYELIDS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	_	-
68399	UNLISTED PX CONJUNCTIVA	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	-
68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or		
00055		classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
67906	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
67908	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
ca200		Unlisted: Procedure/service not specifically defined or		
69399	UNLISTED PX EXTERNAL EAR	classified, maybe subject to contract/clinical review.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
69090	PIERCE EARLOBES	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	-	-

		NAD Criteries Descendures (see increased encircle Madical
co		MP Criteria: Procedures/services reviewed against Medical
69300	REVISE EXTERNAL EAR	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedure/service reviewed against Medical
69714	Implant Temple Bone W/Stimul	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
		avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedures/services reviewed against Medical
69705	NPS SURG DILAT EUST TUBE UNI	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedure/service reviewed against Medical
60747		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
69717	Temple Bone Implant Revision	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedures/services reviewed against Medical
69706	NPS SURG DILAT EUST TUBE BI	Policy Criteria. Submit for Recommended Clinical Review to
00700		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
69716	IMPL OI IMPLT SK TC ESP<100	Policy Criteria. Submit for Recommended Clinical Review to
09710		
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical
60740		
69719	RPLCM OI IMPLT SK TC ESP<100	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
69799	UNLISTED PX MIDDLE EAR	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
69930	Implant Cochlear Device	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review. Prior Authorization may be
		required per contract agreement.
69949	UNLISTED PX INNER EAR	Unlisted: Procedure/service not specifically defined or
05545		classified, maybe subject to contract/clinical review. – – – – – –
69979	UNLISTED PX TEMPORAL BONE	Unlisted: Procedure/service not specifically defined or
09979	UNLISTED PX TEMPORAL BONE	classified, maybe subject to contract/clinical review.
76.406		Unlisted: Procedure/service not specifically defined or
76496	UNLISTED FLUOROSCOPIC PX	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
76497	UNLISTED CT PROCEDURE	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
76498	UNLISTED MR PROCEDURE	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
76499	UNLISTED DX RADIOGRAPHIC PX	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
76999	ECHO EXAMINATION PROCEDURE	
77299	UNLISTED PX THER RAD TX PLNG	Unlisted: Procedure/service not specifically defined or
		classified, induse subject to contract/clinical review.
77399	UNLISTED PX MED RADJ PHYSICS	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.

description description - - - - - 77799 UNLISTED PX CLIN BRACHYTX Unlisted: Procedure/service not specifically defined or - - - - 78099 UNLISTED ENDOCRINE PX DX NUC Unlisted: Procedure/service not specifically defined or - - - - 78199 UNLISTD HEMATOP RET/ENDO LYMP Unlisted: Procedure/service not specifically defined or - - - - 78299 UNLISTED KX NUC MED Unlisted: Procedure/service not specifically defined or - - - - 78399 UNLISTED KX NUC MED Unlisted: Procedure/service not specifically defined or - - - - 78499 UNLISTED KX NUC MED Unlisted: Procedure/service not specifically defined or - - - - 78599 UNLISTED RNS SYS FX DX NUC MED Unlisted: Procedure/service not specifically defined or - - - - - - - - - - - - - - - - -						
77799 UNLISTED PX CLIN BRACHYTX Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - 78099 UNLISTED ENDOCRINE PX DX NUC Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - 78199 UNLISTD HEMATOP RET/ENDO LYMP Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - - 78199 UNLISTD MANDOR RET/ENDO LYMP Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - - 78299 UNLISTED MUSCSKEL PX DX NUC MED Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - <	77499	UNLISTED PX THER RAD TX MGMT		_	_	_
7/799 UNUSITED PACIN BRACHTIX classified, maybe subject to contract/clinical review. - - - 78099 UNUSTED ENDOCRIME PX DX NUC classified, maybe subject to contract/clinical review. - - - 78199 UNUSTED ENDOCRIME PX DX NUC classified, maybe subject to contract/clinical review. - - - 78299 UNUSTED AGNANC MED Unlisted: Procedure/service not specifically defined or - - - 78399 UNUSTED MUSCKEL PX DX NUC Unlisted: Procedure/service not specifically defined or - - - 78499 UNUSTED VX DX NUC MED Unlisted: Procedure/service not specifically defined or - - - 78699 UNUSTED CV PX DX NUC MED Unlisted: Procedure/service not specifically defined or - - - 78799 UNUSTED RSP PX DX NUC MED Unlisted: Procedure/service not specifically defined or - - - - 7899 UNUSTED MINS SY PX DX NUC MED Unlisted: Procedure/service not specifically defined or - - - - 7899 UNUSTED NRNS SY PX DX NUC MED Unlisted: Procedure/service not specifically defined or - -						
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83701	LIPOPROTEIN BLD HR FRACTION	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
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83704	LIPOPROTEIN BLD QUAN PART	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
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83722	LIPOPRTN DIR MEAS SD LDL CHL	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
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83937	ASSAY OF OSTEOCALCIN	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
83987	EXHALED BREATH CONDENSATE	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
84112	EVAL AMNIOTIC FLUID PROTEIN	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
84431	THROMBOXANE URINE	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
84999	UNLISTED CHEMISTRY PROCEDURE	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
85999	UNLISTED HEMATOLOGY&COAGJ PX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
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86001	ALLERGEN SPECIFIC IGG	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
86328	IA NFCT AB SARSCOV2 COVID19	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
86343	LEUKOCYTE HISTAMINE RELEASE	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
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69730	RPLC OI IMPLT SK TC ESP>=100	Policy Criteria. Submit for Recommended Clinical Review to 1/1/2023
		avoid post-service review by BCBS.
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83006	Growth Stimulation Gene 2	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
86408	NEUTRLZG ANTB SARSCOV2 SCR	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
86409	NEUTRLZG ANTB SARSCOV2 TITER	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			
86413	SARS-COV-2 ANTB QUANTITATIVE	subject to pre-service review. Check EIU policy, which is 6/1/202		-	
		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.		-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
86769	SARS-COV-2 COVID-19 ANTIBODY	subject to pre-service review. Check EIU policy, which is 6/1/202	23 _	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
86849	IMMUNOLOGY PROCEDURE	Unlisted: Procedure/service not specifically defined or			
00045	IMMONOLOGI I NOCEDONE	classified, maybe subject to contract/clinical review.	_	-	
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by the Plan.			
80910	BLOOD ITPING PATERNITT TEST	Not subject to pre-service review.	-	-	
96011		Non Covered: Procedure/service not covered by the Plan.			
86911	BLOOD TYPING ANTIGEN SYSTEM	Not subject to pre-service review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
86352	52 Cell Function Assay W/Stim	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
		avoid post-service review by BCBS.	_	_	
		Unlisted: Procedure/service not specifically defined or			
86999	UNLISTED TRANSFUSION MED PX	classified, maybe subject to contract/clinical review.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
86353	LYMPHOCYTE TRANSFORMATION	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	—	_	
		MP Criteria: Procedures/services reviewed against Medical			
86950	Leukacyte Transfusion	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	—	-	
		MP Criteria: Procedures/services reviewed against Medical			
87505	NFCT AGENT DETECTION GI	Policy Criteria. Submit for Recommended Clinical Review to			
0,000		avoid post-service review by BCBS.	-	-	
		Unlisted: Procedure/service not specifically defined or			
87797	DETECT AGENT NOS DNA DIR	classified, maybe subject to contract/clinical review.	_	_	
		Unlisted: Procedure/service not specifically defined or			
87798	DETECT AGENT NOS DNA AMP	classified, maybe subject to contract/clinical review.	_	_	
		Unlisted: Procedure/service not specifically defined or			
87799	DETECT AGENT NOS DNA QUANT		_	_	
		classified, maybe subject to contract/clinical review.			
87899	AGENT NOS ASSAY W/OPTIC	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.	_		
87999	UNLISTED MICROBIOLOGY PX	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	
88000	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-	-	
88005	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-		
88007	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.			
00007		Not subject to pre-service review.	-	-	
88012		Non Covered: Procedure/service not covered by the Plan.			
00012	AUTOPSY (NECROPSY) GROSS	Not subject to pre-service review.	-	-	

88014	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88016	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88020	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88025	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88027	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88028	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.		
88029	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		
88036	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		
88037	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	_	
88040	FORENSIC AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	_	
88045	CORONERS AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	_	
		Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		
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).		
88399	UNLISTED SURGICAL PATH PX	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	_
88749	UNLISTED IN VIVO LAB SERVICE	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	_
89240	UNLISTED MISC PATH TEST	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	_
89258	CRYOPRESERVATION EMBRYO(S)	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
87506	IADNA-DNA/RNA PROBE TQ 6-11	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		

		NAD Criteria: Dress dures (see income in the second second second	
07507		MP Criteria: Procedures/services reviewed against Medical	
87507	IADNA-DNA/RNA PROBE TQ 12-25	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
00050		MP Criteria: Procedures/services reviewed against Medical	
89259	CRYOPRESERVATION SPERM	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
89335	CRYOPRESERVE TESTICULAR TISS	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
89337	CRYOPRESERVATION OOCYTE(S)	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
89342	STORAGE/YEAR EMBRYO(S)	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
90246		Non Covered: Procedure/service not covered by the Plan.	
89346	STORAGE/YEAR OOCYTE(S)	Not subject to pre-service review.	
00200		Unlisted: Procedure/service not specifically defined or	
89398	UNLISTED REPROD MED LAB PROC	classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
00070		Policy Criteria. Submit for Recommended Clinical Review to	
90378	RSV MAB IM 50MG	avoid post-service review. Prior Authorization may be	
		required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
90399	UNLISTED IMMUNE GLOBULIN	classified, maybe subject to contract/clinical review.	
		Non Covered: Procedure/service not covered by the Plan.	
90584	Dengue Vacc Quad 2 Dose Subq	Not subject to pre-service review.	
		Non Covered: Procedure/service not covered by the Plan.	
90689	Vacc liv4 No Prsrv 0.25Ml Im	Not subject to pre-service review.	
		Unlisted: Procedure/service not specifically defined or	
90749	UNLISTED VACCINE/TOXOID	classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedures/services reviewed against Medical	
89343	STORAGE/YEAR SPERM/SEMEN	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
89344	STORAGE/YEAR REPROD TISSUE	Policy Criteria. Submit for Recommended Clinical Review to	
05544	STORAGE/TEAR NET NOD TISSUE	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
90867	TCRANIAL MAGN STIM TX PLAN	Policy Criteria. Submit for Recommended Clinical Review to _	
50007		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
90868	TCRANIAL MAGN STIM TX DELI		
50008	I CRAINIAL IVIAGIN STIIVI TA DELI	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
00050		MP Criteria: Procedures/services reviewed against Medical	
90869	TCRAN MAGN STIM REDETEMINE	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	

		MD Criteria: Dressdures (cap issee reviewed against Medical		
90870		MP Criteria: Procedures/services reviewed against Medical	12/21/2022	Doting offective 12/21/2022
90870	ELECTROCONVULSIVE THERAPY	Policy Criteria. Submit for Recommended Clinical Review to	12/31/2023	Retire effective 12/31/2023
		avoid post-service review by BCBS. Non Covered: Procedure/service not covered by the Plan.		
90880	HYPNOTHERAPY	Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the Plan.		
90885	PSY EVALUATION OF RECORDS		_	_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.		
90889	PREPARATION OF REPORT		_	_
		Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or		
90899	UNLISTED PSYC SVC/THERAPY		_	_
		classified, maybe subject to contract/clinical review. MP Criteria: Procedures/services reviewed against Medical		
00875	PSYCHOPHYSIOLOGICAL THERAPY			
90875	PSTCHOPHTSIOLOGICAL THERAPT	Policy Criteria. Submit for Recommended Clinical Review to	—	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
00076				
90876	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
00004		MP Criteria: Procedures/services reviewed against Medical		
90901	BIOFEEDBACK TRAIN ANY METH	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
90999	UNLISTED DIALYSIS PROCEDURE	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
		MP Criteria: Procedures/services reviewed against Medical		
90912	BFB TRAINING 1ST 15 MIN	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
0012		MP Criteria: Procedures/services reviewed against Medical		
90913	BFB TRAINING EA ADDL 15 MIN	Policy Criteria. Submit for Recommended Clinical Review to	_	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
91034	Gastroesophageal Reflux Test	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
91035	G-Esoph Reflx Tst W/Electrod	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
		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: Procedures/services reviewed against Medical		
91037	Esoph Imped Function Test	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	-
		avoid post-service review by BCBS.		
		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	-	_
		one of our Clinical Payment and Coding Policy (CPCP).		

		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
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
91038	Esoph Imped Funct Test > 1Hr	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
91132	ELECTROGASTROGRAPHY	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
91133	ELECTROGASTROGRAPHY W/TEST	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
91299	UNLISTED DX GI PROCEDURE	classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the Plan.
92015	Determine Refractive State	Not subject to pre-service review.
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.
92065	ORTHOP TRAING PFRMD PHYS/QHP	
		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
		one of our Clinical Payment and Coding 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
		one of our Clinical Payment and Coding Policy (CPCP).
92340	Fit Spectaclas Manafasal	Non Covered: Procedure/service not covered by the Plan.
92340	Fit Spectacles Monofocal	Not subject to pre-service review.
02244	T'I Constante Pife est	Non Covered: Procedure/service not covered by the Plan.
92341	Fit Spectacles Bifocal	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
92342	Fit Spectacles Multifocal	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
92354	Fit Spectacles Single System	Not subject to pre-service review.
		Not Subject to pre service review.
92355	Fit Spectacles Compound Lens	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
92370	Repair & Adjust Spectacles	
		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
		one of our Clinical Payment and Coding Policy (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
		one of our Clinical Payment and Coding Policy (CPCP).
I		

		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	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
91110	GI TRC IMG INTRAL ESOPH-ILE	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
92548	CDP-SOT 6 COND W/I&R	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			
92549	CDP-SOT 6 COND W/I&R MCT&ADT	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
91117	Colon Motility 6 Hr Study	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
92700	UNLISTED ORL SERVICE/PX	Unlisted: Procedure/service not specifically defined or			
92700	UNLISTED ORE SERVICE/PA	classified, maybe subject to contract/clinical review.	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
93050	ART PRESSURE WAVEFORM ANALYS	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
92546	Sinusoidal Rotational Test	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
92640	Aud Brainstem Implt Programg	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
93228	REMOTE 30 DAY ECG REV/REPORT	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
93702	BIS XTRACELL FLUID ANALYSIS	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			
93740	TEMPERATURE GRADIENT STUDIES	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
93229	REMOTE 30 DAY ECG TECH SUPP	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
93660	TILT TABLE EVALUATION	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.	_		
02700		Unlisted: Procedure/service not specifically defined or			
93799	UNLISTED CV SVC/PROCEDURE	classified, maybe subject to contract/clinical review.	-	-	
02000		Unlisted: Procedure/service not specifically defined or			
93998	UNLISTD NONINVAS VASC DX STD	classified, maybe subject to contract/clinical review.	-	-	

94014 PATIENT RECORDED SPIROMETRY 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).	-
94015 PATIENT RECORDED SPIROMETRY EIU: Procedure/service not reimbursed by the Plan. Not 94015 PATIENT RECORDED SPIROMETRY 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	_
94015 PATIENT RECORDED SPIROMETRY 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	_
one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not	-
EIU: Procedure/service not reimbursed by the Plan. Not	
94016 REVIEW PATIENT SPIROMETRY 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	
94799 UNLISTED PULMONARY SVC/PX classified, maybe subject to contract/clinical review. – – –	-
EIU: Procedure/service not reimbursed by the Plan. Not	
95060 EYE ALLERGY TESTS 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	
95065 NOSE ALLERGY TEST 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	
95199 UNLISTED ALL/IMMLG SVC/PX classified, maybe subject to contract/clinical review. – – –	_
MP Criteria: Procedures/services reviewed against Medical	
93797 Cardiac Rehab Policy Criteria. Submit for Recommended Clinical Review to	
avoid post-service review by BCBS.	_
MP Criteria: Procedures/services reviewed against Medical	
93798 Cardiac Rehab/Monitor Policy Criteria. Submit for Recommended Clinical Review to	
avoid post-service review by BCBS.	-
MP Criteria: Procedures/services reviewed against Medical	
95700 Eeg Cont Rec W/Vid Eeg Tech Policy Criteria. Submit for Recommended Clinical Review to	
avoid post-service review by BCBS.	-
MP Criteria: Procedures/services reviewed against Medical	
95705 Eeg W/O Vid 2-12 Hr Unmntr Policy Criteria. Submit for Recommended Clinical Review to	
	-
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
95706 Eeg Wo Vid 2-12Hr Intmt Mntr Policy Criteria. Submit for Recommended Clinical Review to	-
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
95707 Eeg W/O Vid 2-12Hr Cont Mntr Policy Criteria. Submit for Recommended Clinical Review to	_
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
95708 Eeg Wo Vid Ea 12-26Hr Unmntr Policy Criteria. Submit for Recommended Clinical Review to	_
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
95709 Eeg W/O Vid Ea 12-26Hr Intmt Policy Criteria. Submit for Recommended Clinical Review to	_
avoid post-service review by BCBS.	

		MP Criteria: Procedures/services reviewed against Medical	
95710	Eeg W/O Vid Ea 12-26Hr Cont	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95711	Veeg 2-12 Hr Unmonitored	Policy Criteria. Submit for Recommended Clinical Review to	
	5	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95712	Veeg 2-12 Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95713	Veeg 2-12 Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review to	
00720		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95714	Veeg Ea 12-26 Hr Unmntr	Policy Criteria. Submit for Recommended Clinical Review to	
55711		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95715	Veeg Ea 12-26Hr Intmt Mntr	Policy Criteria. Submit for Recommended Clinical Review to	
55715		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95716	Veeg Ea 12-26Hr Cont Mntr	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review to	
55717		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to	
	Leg Filys/Qilp 2-12 fil W/Veeg		
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical	
05710	Eeg Phys/Qhp Ea Incr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review to	
95719	Eeg Phys/Qhp Ea hich w/O vid		
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical	
05720	Fog Dhy/Ohn Fo Iner W/Woog		
95720	Eeg Phy/Qhp Ea Incr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
05721		MP Criteria: Procedures/services 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 by BCBS.	
05722		MP Criteria: Procedures/services reviewed against Medical	
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
l		MP Criteria: Procedures/services reviewed against Medical	
95725	Eeg Phy/Qhp>84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	

		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	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		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	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
95726	Eeg Phy/Qhp>84 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
95803	ACTIGRAPHY TESTING	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
95954	Eeg Monitoring/Giving Drugs	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
95957	Eeg Digital Analysis	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
95965	MEG SPONTANEOUS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
95999	UNLISTED NEUROLOGICAL DX PX	Unlisted: Procedure/service not specifically defined or			
	UNEISTED NEUROLOGICAL DX PX	classified, maybe subject to contract/clinical review.	-	—	
		MP Criteria: Procedures/services reviewed against Medical			
95966	MEG EVOKED SINGLE	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
95967	MEG EVOKED EACH ADDL	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
96000	MOTION ANALYSIS VIDEO/3D	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
96001	MOTION TEST W/FT PRESS MEAS	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
96002	DYNAMIC SURFACE EMG	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
96379	UNL THER/PROP/DIAG INJ/INF	Unlisted: Procedure/service not specifically defined or			
50375		classified, maybe subject to contract/clinical review.	-	-	
96549	UNLISTED CHEMOTHERAPY PX	Unlisted: Procedure/service not specifically defined or			
50545		classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
96003	DYNAMIC FINE WIRE EMG	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
1		avoid post-service review by BCBS.			

		NAD Collecter Descend and for the sector description to the	
		MP Criteria: Procedures/services reviewed against Medical	
96004	PHYS REVIEW OF MOTION TESTS	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96912	PHOTOCHEMOTHERAPY WITH UV-A	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96913	PHOTOCHEMOTHERAPY UV-A OR B	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96922	Laser Tx Skin >500 Sq Cm	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96931	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96932	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to _	
	U U	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96933	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
96934	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		Unlisted: Procedure/service not specifically defined or	
96999	UNLISTED SPEC DERM SVC/PX	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
97039	UNLISTED MODALITY	classified, maybe subject to contract/clinical review. Prior _	
		Authorization may be required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
97139	UNLISTED THERAPEUTIC PX	classified, maybe subject to contract/clinical review. Prior	
57135		Authorization may be required per contract agreement.	
97169	Athletic Trn Eval Low Cmplx	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
97170	Athletic Trn Eval Mod Cmplx	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
97171	Athletic Trn Eval High Cmplx	Non Covered: Procedure/service not covered by the Plan.	
5,1,1		Not subject to pre-service review.	
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan.	
5/1/2		Not subject to pre-service review.	
		MP Criteria: Procedures/services reviewed against Medical	
96935	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to $_$	
1		avoid post-service review by BCBS.	

96936 Rcm Celulr Subcelulr Img Skn Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review by BCBS.	
avoid post-service review by BCBS.	
97610 LOW FREQUENCY NON-THERMAL US EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
97610 LOW FREQUENCY NON-THERMAL US subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	
97799 UNLISTED PHYSCL MED/REHAB PX Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review 99024 Postop Follow-Up Visit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	
97799 UNLISTED PHYSCL MED/REHAB PX Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - 99024 Postop Follow-Up Visit Non Covered: Procedure/service not covered by the Plan. - - - Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. - -	
97799 UNLISTED PHYSCL MED/REHAB PX classified, maybe subject to contract/clinical review. - - - 99024 Postop Follow-Up Visit Non Covered: Procedure/service not covered by the Plan. - - - Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. - -	
99024 Postop Follow-Up Visit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	
199024 Postop Follow-Up Visit Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan	
Non Covered: Procedure/service not covered by the Plan	
Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
99027 OUT-OF-HOSP ON CALL SERVICE Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
99050 MEDICAL SERVICES AFTER HRS Unlisted: Procedure/service not specifically defined or	
classified, maybe subject to contract/clinical review.	
99056 MED SERVICE OUT OF OFFICE Unlisted: Procedure/service not specifically defined or	
classified, maybe subject to contract/clinical review.	
99058 OFFICE EMERGENCY CARE Unlisted: Procedure/service not specifically defined or	
classified, maybe subject to contract/clinical review.	
Unlisted: Procedure/service not specifically defined or	
99070 SPECIAL SUPPLIES PHYS/QHP classified, maybe subject to contract/clinical review. — — — — — —	
Non Covered: Procedure/service not covered by the Plan.	
99071 PATIENT EDUCATION MATERIALS 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.	
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	
Non Covered: Procedure/service not covered by the Plan.	
99360 PHYSICIAN STANDBY SERVICES	
99360 PHYSICIAN STANDBY SERVICES	
Not subject to pre-service review.	
Not subject to pre-service review. - - - 99429 UNI ISTED PREVENTIVE SERVICE Unlisted: Procedure/service not specifically defined or	
99429 UNLISTED PREVENTIVE SERVICE UNLISTED PREVENTIVE SERVICE Classified, maybe subject to contract/clinical review	
Not subject to pre-service review. - - - 99429 UNI ISTED PREVENTIVE SERVICE Unlisted: Procedure/service not specifically defined or	

99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan.		_
		Not subject to pre-service review.		
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan.		_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.		
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	· · · · ·		_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.		
99450	BASIC LIFE DISABILITY EXAM	· · · · ·		_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.		
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>			_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.		
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99453	Rem Mntr Physiol Param Setup	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99454	Rem Mntr Physiol Param Dev	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99455	WORK RELATED DISABILITY EXAM	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99456	DISABILITY EXAMINATION	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99457	Rem Physiol Mntr 1St 20 Min	Not subject to pre-service review.		_
		Non Covered: Procedure/service not covered by the Plan.		
99491	Chrnc Care Mgmt Svc 30 Min	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.		-
		Unlisted: Procedure/service not specifically defined or		
99600	UNLISTED HOME VISIT SVC/PX	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).		_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0062U	AI SLE IGG&IGM ALYS 80 BMRK	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		
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).		_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0066U	PAMG-1 IA CERVICO-VAG FLUID	subject to pre-service review. Check EIU policy, which is	9/30/2023	3 Retire effective 09/30/2023
		one of our Clinical Payment and Coding Policy (CPCP).		

		MP Criteria: Procedures/services reviewed against Medical		
97533	Sonsony Integration	Policy Criteria. Submit for Recommended Clinical Review to		
5656	Sensory Integration	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	-	-
07527	Community /Mark Drints grating	MP Criteria: Procedures/services reviewed against Medical		
97537	Community/Work Reintegration	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	
0086U	Nfct Ds Bact&Fng Org Id 6+	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	-
0091U	Onc Clrct 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.	-	-
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the 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 Plan.		
		Not subject to pre-service review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0100T	PROSTH RETINA RECEIVE&GEN	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		
0101T	ESW MUSCSKEL SYS NOS	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		
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).		
010511	Nonh Clid Mult Folio Ture Non	Non Covered: Procedure/service not covered by the Plan.		
0105U	Neph Ckd Mult Eclia Tum Nec	Not subject to pre-service review.	-	-
		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).	-	
		EIU: Procedure/service not reimbursed by the Plan. Not		
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	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		
0107T	VIBRATE QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		Non Covered: Procedure/service not covered by the Plan.		
0107U	C Diff Tox Ag Detcj Ia Stool	Not subject to pre-service review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0108T	COOL QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		Non Covered: Procedure/service not covered by the Plan.		
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Not subject to pre-service review.	_	_
		Not subject to pre-service review.		

		EIU: Procedure/service not reimbursed by the Plan. Not				
0109T	HEAT QUANT SENSORY TEST	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.				
01050		Not subject to pre-service review.	-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
0110T	NOS QUANT SENSORY TEST	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.				
01100		Not subject to pre-service review.	-	-	_	
0112U	ladi 16S&18S Rrna Genes	Non Covered: Procedure/service not covered by the Plan.				
01120		Not subject to pre-service review.	-	_	-	
0115U	Respir ladna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan.				
01150		Not subject to pre-service review.	-	-	-	
0116U	Rx Mntr Nzm Ia 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan.				
01100		Not subject to pre-service review.	-	-	-	
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan.				
01170	Fail Mgint 11 Lhuogenous Anai	Not subject to pre-service review.	-	-	-	
0119U	Crd Ceramides Lig Chrom Plsm	Non Covered: Procedure/service not covered by the Plan.				
01190	Cru Cerannues Eig Chroni Fishi	Not subject to pre-service review.	-	-	-	
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan.				
01210		Not subject to pre-service review.	-	-	-	
0122U	Sc Dic D Solactin Wh Pland	Non Covered: Procedure/service not covered by the Plan.				
01220	Sc Dis P-Selectin Whl Blood	Not subject to pre-service review.	-	-	-	
0123U	Mehal Fragility Phe Drflg	Non Covered: Procedure/service not covered by the Plan.				
01250	Mchnl Fragility Rbc Prflg	Not subject to pre-service review.	-	-	-	
0140U	Nfat Do Funci Dao 15 Trat	Non Covered: Procedure/service not covered by the Plan.				
01400	Nfct Ds Fungi Dna 15 Trgt	Not subject to pre-service review.	-	-	-	
0141U	Nfct Ds Bact&Fng Gram Pos	Non Covered: Procedure/service not covered by the Plan.				
01410	NICE DS BACIAFIIg GIAIII POS	Not subject to pre-service review.	-	-	-	
014211	Nfat De Dast? Eng Gram Nag	Non Covered: Procedure/service not covered by the Plan.				
0142U	Nfct Ds Bact&Fng Gram Neg	Not subject to pre-service review.	-	-	-	
0152U	Nfet De Dee Hetert News' Con	Non Covered: Procedure/service not covered by the Plan.				
01520	Nfct Ds Dna Untrgt Ngnrj Seq	Not subject to pre-service review.	-	-	-	
		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	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		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	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			_	
		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				
		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).
		EIU: Procedure/service not reimbursed by the Plan. Not
0224U	ANTIBODY SARS-COV-2 TITER(S)	subject to pre-service review. Check EIU policy, which is 6/1/2023
	ι,	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
		one of our Clinical Payment and Coding Policy (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).
		MP Criteria: Procedures/services reviewed against Medical
0075T	PERQ STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		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
		one of our Clinical Payment and Coding 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
		one of our Clinical Payment and Coding 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
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
0076T	S&I STENT/CHEST VERT ART	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
0253T	INSERT AQUEOUS DRAIN DEVICE	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
0267T	IMPLT/RPL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
0268T	IMPLT/RPL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
0269T	REV/REMVL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review to
0269T	REV/REMVL CRTD SNS DEV TOTAL	Policy Criteria. Submit for Recommended Clinical Review toavoid post-service review by BCBS.

		MP Criteria: Procedures/services reviewed against Medical		
0270T	REV/REMVL CRTD SNS DEV LEAD	Policy Criteria. Submit for Recommended Clinical Review to		
02701		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
0271T	REV/REMVL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review to		
02711		avoid post-service review by BCBS.	-	-
		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		
02741		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0275T	PERQ LAMOT/LAM LUMBAR	subject to pre-service review. Check EIU policy, which is		
02751		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0278T	TEMPR	subject to pre-service review. Check EIU policy, which is		
02761	IEWIPK		-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
0330T		EIU: Procedure/service not reimbursed by the Plan. Not		
03301	TEAR FILM IMG UNI/BI W/I&R	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
00707		MP Criteria: Procedures/services reviewed against Medical		
0272T	INTERROGATE CRTD SNS DEV	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0335T	INSJ SINUS TARSI IMPLANT	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		
0338T	TRNSCTH RENAL SYMP DENRV UNL	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		
0339T	TRNSCTH RENAL SYMP DENRV BIL	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0273T	INTERROGATE CRTD SNS W/PGRMG	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0347T	INS BONE DEVICE FOR RSA	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		
0348T	RSA SPINE EXAM	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		
0349T	RSA UPPER EXTR EXAM	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		
0350T	RSA LOWER EXTR EXAM	subject to pre-service review. Check EIU policy, which is	_	
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0331T	HEART SYMP IMAGE PLNR	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.	-	-

0345T	TRANSCATH MTRAL VLVE REPAIR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.	_	-
0358T	BIA WHOLE BODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0378T	VISUAL FIELD ASSMNT REV/RPRT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0379T	VIS FIELD ASSMNT TECH SUPPT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0397T	ERCP W/OPTICAL ENDOMICROSCPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-
0352T	OCT BRST/NODE I&R PER SPEC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	-	_
0424T	INSJ/RPLC NSTIM APNEA COMPL	EIU: Procedure/service not 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
0425T	INSJ/RPLC NSTIM APNEA SEN 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
0426T	INSJ/RPLC NSTIM APNEA STM 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
0427T	INSJ/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
0428T	RMVL NSTIM APNEA PLS GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 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 one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	Retire effective 12/31/2023
0430T	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
0431T	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
0432T	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
0433T	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

		EIU: Procedure/service not reimbursed by the Plan. Not		
0434T	INTERRO EVAL NPGS APNEA	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
0.0.1		one of our Clinical Payment and Coding Policy (CPCP).	, 0,00	
		EIU: Procedure/service not reimbursed by the Plan. Not		
0435T	PRGRMG EVAL NPGS APNEA 1 SES	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).	,,	
		EIU: Procedure/service not reimbursed by the Plan. Not		
0436T	PRGRMG EVAL NPGS APNEA STUDY	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
0.001		one of our Clinical Payment and Coding Policy (CPCP).	12,02,2020	
		MP Criteria: Procedures/services reviewed against Medical		
0354T	OCT BREAST SURG CAVITY I&R	Policy Criteria. Submit for Recommended Clinical Review to		
000011		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
0398T	MRGFUS STRTCTC LES ABLTJ	Policy Criteria. Submit for Recommended Clinical Review to		
05501		avoid post-service review by BCBS.	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0464T	VISUAL EP TEST FOR GLAUCOMA	subject to pre-service review. Check EIU policy, which is		
04041	VISUAL EFTESTTOK GLAOCOMIA	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedures/services reviewed against Medical		
0449T		_		
04491	INSJ AQUEOUS DRAIN DEV 1ST	Policy Criteria. Submit for Recommended Clinical Review to	_	-
		avoid post-service review by BCBS.		
0472T		EIU: Procedure/service not reimbursed by the Plan. Not		
04721	PRGRMG IO RTA ELTRD RA	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
04707		EIU: Procedure/service not reimbursed by the Plan. Not		
0473T	REPRGRMG IO RTA ELTRD RA	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
0.45 OT		MP Criteria: Procedures/services reviewed against Medical		
0450T	INSJ AQUEOUS DRAIN DEV EACH	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
0465T	SUPCHRDL NJX RX W/O SUPPLY	Policy Criteria. Submit for Recommended Clinical Review to	12/31/2023	Retire effective 12/31/2023
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
0474T	INSJ AQUEOUS DRG DEV IO RSVR	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
0479T	FXJL ABL LSR 1ST 100 SQ CM	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
0480T	FXJL ABL LSR EA ADDL 100SQCM	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0485T	OCT MID EAR I&R UNILATERAL	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		
0486T	OCT MID EAR I&R BILATERAL	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		

0.4007		EIU: Procedure/service not reimbursed by the Plan. Not	12/24/2022	
0499T	CYSTO F/URTL STRIX/STENOSIS	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
05077		EIU: Procedure/service not reimbursed by the Plan. Not		
0507T	NEAR IFR 21MG MIBMN GLND I&R	subject to pre-service review. Check EIU policy, which is	-	-
		one of our Clinical Payment and Coding Policy (CPCP).		
05007		EIU: Procedure/service not reimbursed by the Plan. Not	42/24/2022	
0508T	PLS ECHO US B1 DNS MEAS TIB	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0509T	PATTERN ERG W/I&R	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		
0511T	RMVL&RINSJ SINUS TARSI IMPLT	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		
0512T	ESW INTEG WND HLG 1ST WND	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		
0513T	ESW INTEG WND HLG EA ADDL	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0483T	TMVI PERCUTANEOUS APPROACH	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0533T	CONT REC MVMT DO 6-10 DAYS	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0534T	CONT REC MVMT DO SETUP&TRAIN	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0535T	CONT REC MVMT DO REPRT CNFIG	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0536T	CONT REC MVMT DO DL W/I&R	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0484T	TMVI TRANSTHORACIC EXPOSURE	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0563T	EVAC MEIBOMIAN GLND HEAT BI	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		
0565T	AUTOL CELL IMPLT ADPS HRVG	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		
0566T	AUTOL CELL IMPLT ADPS NJX	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		

		MP Criteria: Procedures/services reviewed against Medical			
524T	EV CATH DIR CHEM ABLTJ W/IMG	Policy Criteria. Submit for Recommended Clinical Review to _			
7241			-	-	
		avoid post-service review by BCBS. MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
			C /45 /2022	-	
537T	BLD DRV T LYMPHCYT CAR-T CLL	avoid post-service review.	6/15/2023		
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	- / - /	-	
538T	BLD DRV T LYMPHCYT PREP TRNS	avoid post-service review.	6/15/2023	_	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to		-	
539T	RECEIPT&PREP CAR-T CLL ADMN	avoid post-service review.	6/15/2023	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
502T	TRANSDERMAL GFR MEASUREMENTS	subject to pre-service review. Check EIU policy, which is	_	_	<u>.</u>
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
503T	TRANSDERMAL GFR MONITORING	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			
515T	EYE MVMT ALYS W/O CALBRJ I&R	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			
520T	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			
521T	TRABECULOSTOMY INTERNO LASER	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			
522T	TRABECULOSTOMY INT LSR W/SCP	subject to pre-service review. Check EIU policy, which is			
221		one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
523T		subject to pre-service review. Check EIU policy, which is			
1251	AUTO QUANTIFICATION C PLAQUE		-	-	
		one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not			
524T	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			
525T	AUTO QUAN C PLAQ CPTR ALYS	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			
526T	AUTO QUAN C PLAQ I&R	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			
527T	PERQ NJX ALGC FLUOR LMBR 1ST	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			
528T	PERQ NJX ALGC FLUOR LMBR EA	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		and at our Clinical Payment and Coding Policy (CPCP)			

		EIU: Procedure/service not reimbursed by the Plan. Not		
0629T	PERQ NJX ALGC CT LMBR 1ST	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		
0630T	PERQ NJX ALGC CT LMBR EA	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		
0631T	TC VIS LIT HYPERSPECTRAL IMG	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		_
0540T	CAR-T CLL ADMN AUTOLOGOUS	avoid post-service review. 6/15/2023		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0639T	WRLS SKN SNR ANISOTROPY MEAS	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		
0640T	NCNTC NR IFR SPCTRSC WND	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		
0641T	NCNTC NR IFR SPCTRSC WND IMG	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0642T	NCNTC NR IFR SPCTRSC WND I&R		12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).	,,,	
		MP Criteria: Procedures/services reviewed against Medical		
0544T	TCAT MV ANNULUS RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review to		
05071		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
0588T	REVISION/REMOVAL ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review to		
03001	REVISION/REIVIOVAL ISONS PTN		-	-
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
0589T				
02891	ELEC ALYS SMPL PRGRMG IINS	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
00547		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).		
		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).		
		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).		
		MP Criteria: Procedures/services reviewed against Medical		
0590T	ELEC ALYS CPLX PRGRMG IINS	Policy Criteria. Submit for Recommended Clinical Review to _	-	_
		avoid post-service review by BCBS.		

		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).	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0669T	BKBENCH RCNSTJ DON UTER VEN	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			
0670T	BKBENCH RCNSTJ DON UTER ARTL	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			
0672T	NDOVAG CRYG RF REMDL TISS	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			
0743T	B1 STR & FX RSK VRT FX ASSMT	subject to pre-service review. Check EIU policy, which is 1/1/2023			
		one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0744T	INSJ BIOPROSTC VLV FEM VN	subject to pre-service review. Check EIU policy, which is 9/1/2023			
		one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
0632T	PERQ TCAT US ABLTJ NRV P-ART	Policy Criteria. Submit for Recommended Clinical Review to 7/1/2023			
		avoid post-service review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
0643T	TCAT L VENTR RSTRJ DEV IMPLT	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	Policy Criteria. Submit for Recommended Clinical Review to			
00131		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0748T	NJX STM CL PRDCT ANL SFT TIS	subject to pre-service review. Check EIU policy, which is 9/1/2023			
		one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
0650T	PRGRMG DEV EVAL SCRMS REMOTE	Policy Criteria. Submit for Recommended Clinical Review to			
00001		avoid post-service review by BCBS.	-	-	
L					

		MP Criteria: Procedures/services reviewed against Medical		
0658T	Elec Impd Spectrsc 1+Skn Les	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS. EIU: Procedure/service not reimbursed by the Plan. Not		
0766T	To Mag Stimi Do 1St Ty 1No.	· · · ·		
07001	Tc Mag Stimj Pn 1St Tx 1Nrv		-	-
		one of our Clinical Payment and Coding Policy (CPCP). MP Criteria: Procedure/service reviewed against Medical		
0745T	CAR ABLT RAD ARR N-INVAS LOC	Policy Criteria. Submit for Recommended Clinical Review to 6/15/2023		
07451	CAR ABET RAD ARR N-INVAS LOC	avoid post-service review.	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0767T	Tc Mag Stimj Pn 1St Tx Ea	subject to pre-service review. Check EIU policy, which is 7/1/2023		
07071		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedure/service reviewed against Medical		
0746T	CAR ABLT RAD ARR CNV LOC MAP	Policy Criteria. Submit for Recommended Clinical Review to 6/15/2023		
07401		avoid post-service review.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	subject to pre-service review. Check EIU policy, which is $7/1/2023$	12/31/2023	Retire effective 12/31/2023
07001		one of our Clinical Payment and Coding Policy (CPCP).	12/01/2020	
		MP Criteria: Procedure/service reviewed against Medical		
0747T	CAR ABLT RAD ARRHYT DLVR RAD	Policy Criteria. Submit for Recommended Clinical Review to 6/15/2023		
0, 1, 1		avoid post-service review.	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	subject to pre-service review. Check EIU policy, which is $7/1/2023$	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0770T	VR TECHNOLOGY ASSIST THERAPY	subject to pre-service review. Check EIU policy, which is 9/1/2023		
		one of our Clinical Payment and Coding Policy (CPCP).	-	_
		MP Criteria: Procedure/service reviewed against Medical		
0764T	ASSTV ALG ECG RSK ASMT CNCRT	Policy Criteria. Submit for Recommended Clinical Review to 6/15/2023	_	
		avoid post-service review.	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0771T	VR PX DISSOC SVC SM PHY 1ST	subject to pre-service review. Check EIU policy, which is 9/1/2023	_	-
		one of our Clinical Payment and Coding Policy (CPCP).	_	
		MP Criteria: Procedure/service reviewed against Medical		
0765T	ASSTV ALG ECG RSK ASMT PREV	Policy Criteria. Submit for Recommended Clinical Review to 6/15/2023	_	_
		avoid post-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0772T	VR PX DISSOC SVC SM PHY EA	subject to pre-service review. Check EIU policy, which is 9/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0773T	VR PX DISSOC SVC OTH PHY 1ST	subject to pre-service review. Check EIU policy, which is 9/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0774T	VR PX DISSOC SVC OTH PHY EA	subject to pre-service review. Check EIU policy, which is 9/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0775T	ARTHRD SI JT PRQ IARTIC IMPL	subject to pre-service review. Check EIU policy, which is 1/1/2023	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		

		EIU: Procedure/service not reimbursed by the Plan. Not			
0776T	THER INDCTJ NTRABRN HYPTHRM	subject to pre-service review. Check EIU policy, which is 9/	/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0777T	R-T PRS SENSING EDRL GDN SYS	subject to pre-service review. Check EIU policy, which is 9/	1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0778T	SMMG CNCRNT APPL IMU SNR	subject to pre-service review. Check EIU policy, which is 9/	/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0779T	GI MYOELECTRICAL ACTV STUDY	subject to pre-service review. Check EIU policy, which is 9/	/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
0781T	BRNCHSC RF DSTRJ PULM NRV BI	subject to pre-service review. Check EIU policy, which is 9/	/1/2023		
		one of our Clinical Payment and Coding Policy (CPCP).		-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
0782T	BRNCHSC RF DSTRJ PLM NRV UNI		/1/2023		
		one of our Clinical Payment and Coding Policy (CPCP).		-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
0783T	TC AURICULR NEUROSTIMULATION	· · ·	/1/2023		
		one of our Clinical Payment and Coding Policy (CPCP).	2,2020	-	-
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated		1/2023		
07511		· · · · · ·	1/2025	-	
	code for primary procedure)	one of our Clinical Payment and Coding Policy (CPCP).			-
		MP Criteria: Procedure/service reviewed against Medical			
0776T	THER INDCTJ NTRABRN HYPTHRM	Policy Criteria. Submit for Recommended Clinical Review to 6/	15/2023	8/31/2023	
07701		avoid post-service review.	13/2023	0/31/2023	-
0793T	Percutaneous transcatheter thermal ablation of nerves		/1/2023		
07931	innervating the pulmonary arteries, including right heart	MP Criteria: Procedures/services reviewed against Medical "	1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review to			_
	catheterization, pulmonary artery angiography, and all	avoid post-service review by BCBS.			
07057	imaging guidance	MP Criteria: Procedures/services reviewed against Medical 7/	11/2022		
0795T	TCAT INS 2CHMBR LDLS PM CMPL	· · · · · · · · · · · · · · · · · · ·	1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review to			-
070 <i>C</i> T		avoid post-service review by BCBS.	4 12 2 2 2		
0796T	TCAT INS 2CHMBR LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical 7/	1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review to			-
		avoid post-service review by BCBS.			
0797T	TCAT INS 2CHMBR LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical 7/	1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review to			_
		avoid post-service review by BCBS.			
0798T	TCAT RMV 2CHMBR LDLS PM CMPL	MP Criteria: Procedures/services reviewed against Medical 7/	1/2023	-	
		Policy Criteria. Submit for Recommended Clinical Review to			_
		avoid post-service review by BCBS.			
0799T	TCAT RMVL 2CHMBR LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical 7/	1/2023	_	
		Policy Criteria. Submit for Recommended Clinical Review to			_

0800T	TCAT RMVL 2CHMBR LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical 7/1/2023 Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
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: Procedures/services reviewed against Medical 7/1/2023	-		
		Policy Criteria. Submit for Recommended Clinical Review to		_	
		avoid post-service review by BCBS.			
213AA	Proc/Treat/Equip/Ins/Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
21374		Not subject to pre-service review.	-	-	
213BA	OTC Drugs Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
ZIJDA	ore brugs won-covered	Not subject to pre-service review.	-	-	
213CA	Vision/Hear/Dental Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
ZIJCA	Vision/Hear/Dental Non-Covered	Not subject to pre-service review.	-	-	
213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
213EA	Assit Disabled/Wisc Non-Covered	Not subject to pre-service review.	-	-	
21254	Corre Free Surgeons New Covered	Non Covered: Procedure/service not covered by the Plan.			
213FA	Corr Eye Surgery Non-Covered	Not subject to pre-service review.	-	-	
24264	Premiums Non- Covered	Non Covered: Procedure/service not covered by the Plan.			
213GA	Premiums Non- Covered	Not subject to pre-service review.	-	-	
212114	Consul New Coursed	Non Covered: Procedure/service not covered by the Plan.			
213HA	Copays Non-Covered	Not subject to pre-service review.	-	-	
24214		Non Covered: Procedure/service not covered by the Plan.			
213JA	Limited Purpose HCA Non- Covered	Not subject to pre-service review.	-	-	
24.214.4	Developing Control of	Non Covered: Procedure/service not covered by the Plan.			
213KA	Preventative Care Non-Covered	Not subject to pre-service review.	-	-	
24214		Non Covered: Procedure/service not covered by the Plan.			
213LA	Long Term Care Non-Covered	Not subject to pre-service review.	-	-	
		Non Covered: Procedure/service not covered by the Plan.			
9701A	NON-PRESCRIPTION DRUGS	Not subject to pre-service review.	-	-	
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical 7/1/2023			
		Policy Criteria. Submit for Recommended Clinical Review to	-		
		avoid post-service review by BCBS.		_	
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical 7/1/2023			
		Policy Criteria. Submit for Recommended Clinical Review to	-		
		avoid post-service review by BCBS.		-	
0804T	PRGRMG EVL LDLS PM 2CHMBR IP	MP Criteria: Procedures/services reviewed against Medical 7/1/2023			
		Policy Criteria. Submit for Recommended Clinical Review to	-		
		avoid post-service review by BCBS.		-	
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	MP Criteria: Procedures/services reviewed against Medical 7/1/2023			
00001	ICAT SQUEET NOTE VE HVIELENQ	Policy Criteria. Submit for Recommended Clinical Review to	-		
		avoid post-service review by BCBS.		-	
		מיטוע אטזריזכו יונב וביוביש אי אכאז.			

0806T	TCAT S&IVC PRSTC VL IMPL OPN	MP Criteria: Procedures/services reviewed against Medica	7/1/2023	_	
		Policy Criteria. Submit for Recommended Clinical Review to	D		_
		avoid post-service review by BCBS.			
0810T	SUBRTA NJX RX AGT W/VTRC	MP Criteria: Procedures/services reviewed against Medica	7/1/2023	_	
		Policy Criteria. Submit for Recommended Clinical Review to	C		_
		avoid post-service review by BCBS.			
10000		Unlisted: Procedure/service not specifically defined or			
A0999	Unlisted ambulance service	classified, maybe subject to contract/clinical review.	-	-	-
		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).			
		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			
		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).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
A2008	Theragenesis 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			
A2009	Symphony 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			
A2010	Apis per square centimeter	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			
A2011	Supra sdrm 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			
A2012	Suprathel 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			
A2013	Innovamatrix fs 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			
A2014	Omeza collag per 100 mg	subject to pre-service review. Check EIU policy, which is	4/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			

		MP Criteria: Procedures/services reviewed against Medical				
A0426	Als 1	Policy Criteria. Submit for Recommended Clinical Review to		_		
		avoid post-service review by BCBS.		-	_	
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2015	Phoenix wnd mtrx per sq cm		/2023			
		one of our Clinical Payment and Coding Policy (CPCP).		-	_	
		MP Criteria: Procedure/service reviewed against Medical				
	Ambulance Service Conventional Air Services Transport	Policy Criteria. Submit for Recommended Clinical Review to 9/18				
A0430	One Way (Fixed Wing)	avoid post-service review. Prior Authorization may be-	8/2023	-	_	
		required per contract agreement.				
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2016	Permeaderm b per sq cm		/2023			
A2010	Permeaderni bi per sq cin		/2025	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
		MP Criteria: Procedures/services reviewed against Medical				
A0431	Rotary wing air transport	Policy Criteria. Submit for Recommended Clinical Review to		-	_	
		avoid post-service review by BCBS.				
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2017	Permeaderm glove each		/2023	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
		MP Criteria: Procedure/service reviewed against Medical				
A0435	Fixed Wing Air Mileage Per Statute Mile	Policy Criteria. Submit for Recommended Clinical Review to	e/2022			
70433	Fixed wing All Mileage Fel Statute Mile	avoid post-service review. Prior Authorization may be-	0/2023	-	-	
		required per contract agreement.				
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2018	Permeaderm c per sq cm	subject to pre-service review. Check EIU policy, which is 4/1/	/2023	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		MP Criteria: Procedures/services reviewed against Medical				
A0436	Rotary wing air mileage	Policy Criteria. Submit for Recommended Clinical Review to		_		
		avoid post-service review by BCBS.		-	_	
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2019	Kerecis marigen shld sq cm	•	/2023			
	0	one of our Clinical Payment and Coding Policy (CPCP).		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
A0888	Noncovered ambulance mileage	Policy Criteria. Submit for Recommended Clinical Review to _				
		avoid post-service review by BCBS.		-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
A2020	Ac5 wound system		/2023			
A2020	ACS would system		/2023	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
42021		EIU: Procedure/service not reimbursed by the Plan. Not	(2022			
A2021	Neomatrix per sq cm		/2023	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. Not				
A4100	Skin sub fda clrd as dev nos	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.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
A4575	Hyperbaric o2 chamber disps	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	. / . /		
A4596	Ces system monthly supp	subject to pre-service review. Check EIU policy, which is	4/1/2023	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
A4639	Infrared ht sys replcmnt pad	subject to pre-service review. Check EIU policy, which is	-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or			
	· · · · · · · · · · · · · · · · · · ·	classified, maybe subject to contract/clinical review.	-	-	-
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or			
	ou.0.00.000philos	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.	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
A6000	Wound warming wound cover	subject to pre-service review. Check EIU policy, which is	-	_	-
		one of our Clinical Payment and Coding Policy (CPCP).			
A6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or			
A0201	would life gel/paste/02	classified, maybe subject to contract/clinical review.	-	-	-
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or			
A0202		classified, maybe subject to contract/clinical review.	-	-	-
A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or			
A0312		classified, maybe subject to contract/clinical review.	-	-	-
A6549	6 compression stocking	Unlisted: Procedure/service not specifically defined or			
A0549	G compression stocking	classified, maybe subject to contract/clinical review.	-	-	-

		EIU: Procedure/service not reimbursed by the Plan. Not	- / . /		
A7049	Epap nasal valve	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			
A0100	Walti-Vitamin 103	defined or classified, maybe subject to contract/clinical	-	-	-
		review.			
A9270	Non-covered item or service	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.			
A9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-		-
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or			
RJ275	Monitoring reature, devicence	classified, maybe subject to contract/clinical review.	-	-	-
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or			
A9200	Alert device floc	classified, maybe subject to contract/clinical review.	-	-	-
40202	MC	Non Covered: Procedure/service not covered by the Plan.			
A9282	Wig any type	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	Pres dig cog behav thera fda	subject to pre-service review. Check EIU policy, which is			
A3231		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A9300	Exercise equipment	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.			
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	_
A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	-
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or			
A3338		classified, maybe subject to contract/clinical review.	-	-	-
10609	Non rad contract materialNOC	Unlisted: Procedure/service not specifically defined or			
A9698	Non-rad contrast materialNOC	classified, maybe subject to contract/clinical review.	-	-	-
10500		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.			

B9998	Enteral supp not otherwise c	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
B9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_		
		EIU: Procedure/service not reimbursed by the Plan. Not			
C1052	Hemostatic agent gi topic	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
A4555	Ca tx e-stim electr/transduc	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
A4600	Sleeve inter limb comp dev	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
C1823	Gen neuro trans sen/stim	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
C1761	Cath trans intra litho/coro	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
C1827	Gen Neuro Imp Led Ex Cntr	subject to pre-service review. Check EIU policy, which is 9/1/2023	_		
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
C1764	Event recorder cardiac	Policy Criteria. Submit for Recommended Clinical Review to	_		
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
C1776	Joint device (implantable)	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
		avoid post-service review by BCBS.	_	_	
		Unlisted: Procedure/service not specifically defined or			
C1889	Implant/insert device noc	classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
C1783	Ocular imp aqueous drain de	Policy Criteria. Submit for Recommended Clinical Review to _			
		avoid post-service review by BCBS.	-	_	
		Unlisted: Procedure/service not specifically defined or			
C2698	Brachytx stranded NOS	classified, maybe subject to contract/clinical review.	-	-	
		Unlisted: Procedure/service not specifically defined or			
C2699	Brachytx non-stranded NOS	classified, maybe subject to contract/clinical review.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
C1818	Integrated keratoprosthesis	Policy Criteria. Submit for Recommended Clinical Review to			
	egratea keratoprostitesis	avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
C1825	Gen neuro carot sinus baro	Policy Criteria. Submit for Recommended Clinical Review to			
C1023		avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
C1826	Gon nouro de loon recha	Policy Criteria. Submit for Recommended Clinical Review to 7/1/2023			
C1020	Gen neuro clo loop rechg		-	_	
		avoid post-service review.			

		MP Criteria: Procedures/services reviewed against Medical		
C1833	Cardiac monitor sys	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C2624	Wireless pressure sensor	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C5271	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		_
		MP Criteria: Procedures/services reviewed against Medical		
C5272	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023		
00272		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
C9257	Bevacizumab injection	avoid post-service review. Prior Authorization may be-	_	_
		required per contract agreement.		
		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	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
	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		
25505		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
60364	Develop in develop and	· ·		
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		
C9399	unclassified drugs or biologicals	classified, maybe subject to contract/clinical review. Prior		
		Authorization may be required per contract agreement.	-	-
		Authorization may be required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
C5273	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C5274	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023		
		avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9757	Spine/lumbar disk surgery	subject to pre-service review. Check EIU policy, which is		
63737	Shire/initial disk suigely	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		ONE OF OUT CLINICAL PAYMENT AND COOLDY POLICY (CPCP).		

		MP Criteria: Procedures/services reviewed against Medical		
C5275	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C5276	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C5277	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C5278	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9768	Endo us-guide hep porto grad	subject to pre-service review. Check EIU policy, which is		
	5 11 5	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedures/services reviewed against Medical		
C9739	Cystoscopy prostatic imp 1-3	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9771	Nsl/sins cryo post nasal tis	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
0.5771		one of our Clinical Payment and Coding Policy (CPCP).	12/31/2023	
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9772	Revasc lithotrip tibi/perone	subject to pre-service review. Check EIU policy, which is		
05772	Revase inflotrip fibl/perone	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9773	Revasc lithotr-stent tib/per	subject to pre-service review. Check EIU policy, which is		
C3/73	Revase inflott-stellt ub/per		-	-
		one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not		
C0774	Devece lithety athen tik /ver			
C9774	Revasc lithotr-ather tib/per	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		
C9775	Revasc lith-sten-ath tib/per	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	Input 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		
CJ0JJ		classified, maybe subject to contract/clinical review.	-	-
D0999	unconsified diagnostic procedure, by report	Unlisted: Procedure/service not specifically defined or		
00333	unspecified diagnostic procedure by report	classified, maybe subject to contract/clinical review.	-	-
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Ir	n Dose Non Covered: Procedure/service not covered by the Plan.		
D1705	1	Not subject to pre-service review.	-	-
D1700	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Ir	n Dose Non Covered: Procedure/service not covered by the Plan.		
D1706	2	Not subject to pre-service review.	-	-

D1999	unspecified preventive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
D2999	unspecified restorative procedure by report	classified, maybe subject to contract/clinical review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
D3410	apicoectomy - anterior	· · · ·	_	_	_
		Not subject to pre-service review.			
D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or	_	_	_
		classified, maybe subject to contract/clinical review.			
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_	-	
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or			
	· · · · · · · · · · · · · · · · · · ·	classified, maybe subject to contract/clinical review.		-	
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	-
D6199	unspecified implant procedure by report	Unlisted: Procedure/service not specifically defined or			
50155		classified, maybe subject to contract/clinical review.	-	-	-
D6999	unspecified fixed prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or			
00000		classified, maybe subject to contract/clinical review.	-	-	_
	extraction erupted tooth requiring removal of bone and/or	Non Covered: Procedure/service not covered by the Plan.			
D7210	sectioning of tooth and including elevation of	· · · ·	_	_	_
	mucoperiosteal flap if indicated	Not subject to pre-service review.			
27000		Non Covered: Procedure/service not covered by the Plan.			
D7220	removal of impacted tooth - soft tissue	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
D7230	removal of impacted tooth - partially bony	Not subject to pre-service review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
D7999	unspecified oral surgery procedure by report	classified, maybe subject to contract/clinical review.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
D8210	removable appliance therapy	Not subject to pre-service review.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
D8220	fixed appliance therapy	Not subject to pre-service review.	_	-	_
		Unlisted: Procedure/service not specifically defined or			
D8999	unspecified orthodontic procedure by report	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
D9999	unspecified adjunctive procedure by report		_	_	_
		classified, maybe subject to contract/clinical review.			
C0740	Custo imal A az mana	MP Criteria: Procedures/services reviewed against Medical			
C9740	Cysto impl 4 or more	Policy Criteria. Submit for Recommended Clinical Review to	-	-	-
		avoid post-service review by BCBS.			
E0210	Electric heat pad standard	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-	-	-
E0217	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-	-	-
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the Plan.			
20210		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	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			

		EIU: Procedure/service not reimbursed by the Plan. Not
E0231	Wound warming device	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
E0232	Warming card for NWT	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
E0236	Pump for water circulating p	Non Covered: Procedure/service not covered by the Plan.
10230		Not subject to pre-service review.
E0240	Bath/shower chair	Non Covered: Procedure/service not covered by the Plan.
20240	Buthy shower chair	Not subject to pre-service review.
E0241	Bath tub wall rail	Non Covered: Procedure/service not covered by the Plan.
10241		Not subject to pre-service review.
E0242	Bath tub rail floor	Non Covered: Procedure/service not covered by the Plan.
10242		Not subject to pre-service review.
E0243	Toilet rail	Non Covered: Procedure/service not covered by the Plan.
E0245	Tollet Tall	Not subject to pre-service review.
50244	Tailat cost raised	Non Covered: Procedure/service not covered by the Plan.
E0244	Toilet seat raised	Not subject to pre-service review.
E0245	Tub stool or bench	Non Covered: Procedure/service not covered by the Plan.
EU245		Not subject to pre-service review.
50246	Transfor tub roll attachment	Non Covered: Procedure/service not covered by the Plan.
E0246	Transfer tub rail attachment	Not subject to pre-service review.
E0247	Trans banch w/wa comm anon	Non Covered: Procedure/service not covered by the Plan.
EU247	Trans bench w/wo comm open	Not subject to pre-service review.
E0248	HDtrans bench w/wo comm open	Non Covered: Procedure/service not covered by the Plan.
EU248	Hotrans bench w/wo comm open	Not subject to pre-service review.
E0273	Bed board	Non Covered: Procedure/service not covered by the Plan.
EU273	Beu board	Not subject to pre-service review.
50274	Over had table	Non Covered: Procedure/service not covered by the Plan.
E0274	Over-bed table	Not subject to pre-service review.
		MP Criteria: Procedures/services reviewed against Medical
C9764	Revasc intravasc lithotripsy	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
50245		Non Covered: Procedure/service not covered by the Plan.
E0315	Bed accessory brd/tbl/supprt	Not subject to pre-service review.
		MP Criteria: Procedures/services reviewed against Medical
C9765	Revasc intra lithotrip-stent	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
50446	Tanial Ou Daliver and the	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
50405		Policy Criteria. Submit for Recommended Clinical Review to
E0485	Oral device/appliance prefab	avoid post-service review. Prior Authorization may be -
		required per contract agreement.

		MD Criteria: Dresodure (convice reviewed against Medical		
		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.		
50.407	-	EIU: Procedure/service not reimbursed by the Plan. Not		
E0487	Electronic spirometer	subject to pre-service review. Check EIU policy, which is	- –	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
C9766	Revasc intra lithotrip-ather	Policy Criteria. Submit for Recommended Clinical Review to _		_
		avoid post-service review by BCBS.		
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		-
		MP Criteria: Procedures/services reviewed against Medical		
C9767	Revasc lithotrip-stent-ather	Policy Criteria. Submit for Recommended Clinical Review to _		_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C9769	Cysto w/temp pros implant	Policy Criteria. Submit for Recommended Clinical Review to _		_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
C9770	Vitrec/mech pars subret inj	Policy Criteria. Submit for Recommended Clinical Review to _	12/31/2023	Retire effective 12/31/2023
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0183	Press underlay alter w/pump	Policy Criteria. Submit for Recommended Clinical Review to _		_
		avoid post-service review by BCBS.		
	Dedictric Crib Hacrital Crade Fully Enclosed With Or	MP Criteria: Procedures/services reviewed against Medical		
E0300	Pediatric Crib Hospital Grade Fully Enclosed With Or	Policy Criteria. Submit for Recommended Clinical Review to _		_
	Without Top Enclosure	avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0316	Bed safety enclosure	Policy Criteria. Submit for Recommended Clinical Review to _		_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0616	Cardiac event recorder	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
E0635	Patient Lift Electric With Seat Or Sling	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	- –	_
	Combination Sit To Stand Frame/Table System Any Size	MP Criteria: Procedures/services reviewed against Medical		
E0637	Including Pediatric With Seat Lift Feature With Or Without	Policy Criteria. Submit for Recommended Clinical Review to		
	Wheels	avoid post-service review by BCBS.		-
	Standing Frame/Table System One Position (E.G. Upright	MP Criteria: Procedures/services reviewed against Medical		
E0638		Policy Criteria. Submit for Recommended Clinical Review to		
	Or Without Wheels	avoid post-service review by BCBS.		-
	Standing Frame/Table System Multi-Position (E.G. Three-	MP Criteria: Procedures/services reviewed against Medical		
E0641		Policy Criteria. Submit for Recommended Clinical Review to		
20041	Wheels	avoid post-service review by BCBS.	- –	_
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	Standing Frame/Table System Mobile (Dynamic Stander)	MP Criteria: Procedures/services reviewed against Medical		
E0642	Any Size Including Pediatric	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0650	Pneuma compresor non-segment	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0651	Pneum compressor segmental	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0652	Pneum compres w/cal pressure	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0655	Pneumatic appliance half arm	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
E0656	Segmental pneumatic trunk	Policy Criteria. Submit for Recommended Clinical Review to		
20000		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
E0657	Segmental pneumatic chest	Policy Criteria. Submit for Recommended Clinical Review to		
20057	Segmental predinate crest	avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
E0660	Pneumatic appliance full leg	Policy Criteria. Submit for Recommended Clinical Review to		
20000	Pheumatic appliance full leg		_	_
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical		
FOCCE	De sursatio sur lieu es full surs			
E0665	Pneumatic appliance full arm	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
50000		MP Criteria: Procedures/services reviewed against Medical		
E0666	Pneumatic appliance half leg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
E0675	Pneumatic compression device	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		
E0676	Inter limb compress dev NOS	avoid post-service review.		
20070	Inter limb compress dev NOS	Unlisted or Undefined: Procedures/services not specifically $-$	-	-
		defined or classified, maybe subject to contract/clinical		
		review.		
		MP Criteria: Procedures/services reviewed against Medical		
E0667	Seg pneumatic appl full leg	Policy Criteria. Submit for Recommended Clinical Review to		
	-Or	avoid post-service review by BCBS.	—	-
		MP Criteria: Procedures/services reviewed against Medical		
E0668	Seg pneumatic appl full arm	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-

	ria: Procedures/services reviewed against Medical
	iteria. Submit for Recommended Clinical Review to
	st-service review by BCBS.
	ria: Procedures/services reviewed against Medical
	iteria. Submit for Recommended Clinical Review to
	st-service review by BCBS.
	redure/service not reimbursed by the Plan. Not
	o pre-service review. Check EIU policy, which is
	ur Clinical Payment and Coding Policy (CPCP).
	ria: Procedures/services reviewed against Medical
E0671 Pressure pneum appl full leg Policy Cr	iteria. Submit for Recommended Clinical Review to
	st-service review by BCBS.
MP Crite	ria: Procedures/services reviewed against Medical
E0672 Pressure pneum appl full arm Policy Cr	iteria. Submit for Recommended Clinical Review to
	st-service review by BCBS.
	ria: Procedures/services reviewed against Medical
E0673 Pressure pneum appl half leg Policy Cr	iteria. Submit for Recommended Clinical Review to
avoid po	st-service review by BCBS.
EIU: Prov	edure/service not reimbursed by the Plan. Not
E0762 Trans elec jt stim dev sys subject t	o pre-service review. Check EIU policy, which is
	ur Clinical Payment and Coding Policy (CPCP).
EIU: Prov	edure/service not reimbursed by the Plan. Not
E0764 Functional neuromuscularstim subject t	o pre-service review. Check EIU policy, which is
	ur Clinical Payment and Coding Policy (CPCP).
	ria: Procedure/service reviewed against Medical
	iteria. Submit for Recommended Clinical Review to
	st-service review. 7/1/2023
EIU: Prov	edure/service not reimbursed by the Plan. Not
	o pre-service review. Check EIU policy, which is
	ur Clinical Payment and Coding Policy (CPCP).
MP Crite	ria: Procedure/service reviewed against Medical
Policy Cr	iteria. Submit for Recommended Clinical Review to
E0770 Functional electric stim NOS avoid po	st-service review.
Unlisted	or Undefined: Procedures/services not specifically – – – –
defined 4	or classified, maybe subject to contract/clinical
review.	
EIU: Prov	edure/service not reimbursed by the Plan. Not
E0830 Ambulatory traction device subject t	o pre-service review. Check EIU policy, which is
one of o	ur Clinical Payment and Coding Policy (CPCP).
EIU: Prov	edure/service not reimbursed by the Plan. Not
E0840 Tract frame attach headboard subject t	o pre-service review. Check EIU policy, which is
one of o	ur Clinical Payment and Coding Policy (CPCP).
EIU: Prov	edure/service not reimbursed by the Plan. Not
E0849 Cervical pneum trac equip subject t	o pre-service review. Check EIU policy, which is
	ur Clinical Payment and Coding Policy (CPCP).

		EIU: Procedure/service not reimbursed by the Plan. Not	
E0850	Traction stand free standing	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	
E0855	Cervical traction equipment	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	
E0856	Cervic collar w air bladders	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	
E0860	Tract equip cervical tract	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	
E0890	Traction frame attach pelvic	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	
E0936	CPM device other than knee	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	
E0942	Cervical head harness/halter	subject to pre-service review. Check EIU policy, which is	
20012		one of our Clinical Payment and Coding Policy (CPCP).	
		EIU: Procedure/service not reimbursed by the Plan. Not	
E0944	Pelvic belt/harness/boot	subject to pre-service review. Check EIU policy, which is	
20311		one of our Clinical Payment and Coding Policy (CPCP).	
		MP Criteria: Procedures/services reviewed against Medical	
E0691	Uvl pnl 2 sq ft or less	Policy Criteria. Submit for Recommended Clinical Review to	
10051		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E0692	Uvl sys panel 4 ft		
20092	ovi sys paner 4 n	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
50600		MP Criteria: Procedures/services reviewed against Medical	
E0693	Uvl sys panel 6 ft	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
5000		MP Criteria: Procedures/services reviewed against Medical	
E0694	Uvl md cabinet sys 6 ft	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E0747	Elec osteogen stim not spine	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E0760	Osteogen ultrasound stimItor	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E0761	Nontherm electromgntc device	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E0766	Elec stim cancer treatment	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	

	and the second second	MP Criteria: Procedures/services reviewed against Medical
E0985	W/c seat lift mechanism	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E0986	Man w/c push-rim powr system	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E1002	Pwr seat tilt	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E1003	Pwr seat recline	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E1004	Pwr seat recline mech	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
	Unlisted: Procedure/service not specifically defined or	
E1229	Pediatric wheelchair NOS	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedures/services reviewed against Medical
E1005	Pwr seat recline pwr	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review.
E1239	Ped power wheelchair NOS	Unlisted or Undefined: Procedures/services not specifically – – – –
		defined or classified, maybe subject to contract/clinical
		review.
		Unlisted: Procedure/service not specifically defined or
E1399	Durable medical equipment mi	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedures/services reviewed against Medical
E1006	Pwr seat combo w/o shear	Policy Criteria. Submit for Recommended Clinical Review to
L1000	wi seat combo w/o shear	avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
E1632	Wearable artificial kidney	subject to pre-service review. Check EIU policy, which is
L1032		
		one of our Clinical Payment and Coding Policy (CPCP).
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
F1700	low motion robob waters	
E1700	Jaw motion rehab system	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
54704		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	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: Procedures/services reviewed against Medical	
E1007	Pwr seat combo w/shear	Policy Criteria. Submit for Recommended Clinical Review to	
21007	i wi scat combo wysical	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E1008	Pwr seat combo pwr shear	Policy Criteria. Submit for Recommended Clinical Review to	
21000	i wi scat combo pwi shcai	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E1009	Add mech leg elevation	Policy Criteria. Submit for Recommended Clinical Review to	
1005	Add meening elevation	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E1010	Add pwr leg elevation	Policy Criteria. Submit for Recommended Clinical Review to	
1010	Add pwr leg elevation	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E1012	Ctr mount nur alou lag ract	· · ·	
E1012	Ctr mount pwr elev leg rest	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical	
F11C1	Manual Adult Cine Miles Jakain Instudes Tilt In Coses	· · ·	
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
54000	Device a second set of the birds	MP Criteria: Procedures/services reviewed against Medical	
E1230	Power operated vehicle	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
54 630		MP Criteria: Procedures/services reviewed against Medical	
E1629	Tablo for dialysis service	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2300	Pwr seat elevation sys	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2301	Pwr standing	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2310	Electro connect btw control	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2311	Electro connect btw 2 sys	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2312	Mini-prop remote joystick	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2313	PWC harness expand control	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2321	Hand interface joystick	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2322	Mult mech switches	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	

		MP Criteria: Procedures/services reviewed against Medical	
E2323	Special joystick handle	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2324	Chin cup interface	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2325	Sip and puff interface	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2326	Breath tube kit	Policy Criteria. Submit for Recommended Clinical Review to	
22020		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2327	Head control interface mech	Policy Criteria. Submit for Recommended Clinical Review to	
2227	head control interface meen	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2328	Head/extremity control inter	Policy Criteria. Submit for Recommended Clinical Review to	
12320	head/extremity control litter		
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical	
E2329	lload control nonproportional		
E2329	Head control nonproportional	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
E2330	Lload control provinity quite	MP Criteria: Procedures/services reviewed against Medical	
E2330	Head control proximity switc	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
52224		MP Criteria: Procedures/services reviewed against Medical	
E2331	Attendant control	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2340	W/c wdth 20-23 in seat frame	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2341	W/c wdth 24-27 in seat frame	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2342	W/c dpth 20-21 in seat frame	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2343	W/c dpth 22-25 in seat frame	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2351	Electronic SGD interface	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2373	Hand/chin ctrl spec joystick	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2374	Hand/chin ctrl std joystick	Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	

		MP Criteria: Procedures/services reviewed against Medical			
E2375	Non-expandable controller	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2376	Expandable controller repl	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2377	Expandable controller initl	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
E2599	SGD accessory noc	avoid post-service review.			
22399	SGD accessory noc	Unlisted or Undefined: Procedures/services not specifically $^-$	-	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
		MP Criteria: Procedures/services reviewed against Medical			
E2500	SGD digitized pre-rec <=8min	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2502	SGD prerec msg >8min <=20min	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.			
G0235	Pet imaging any site not otherwise specified	MP: Procedures/services reviewed against Medical Policy _	_	_	
		Criteria. Submit for Recommended Clinical Review to avoid			
		post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
G0255	Current percep threshold tst	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
C0276	Dild (placeba control alia ta	Non Covered: Procedure/service not covered by the Plan.			
G0276	Pild/placebo control clin tr	Not subject to pre-service review.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
50077	Ubst. Full Dady Charge 1 2004	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
G0277	Hbot Full Body Chamber 30M	avoid post-service review. Prior Authorization may be-	-	-	
		required per contract agreement.			
		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).			
		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			
		one of our Clinical Payment and Coding Policy (CPCP).	_	_	
c0202		Non Covered: Procedure/service not covered by the Plan.			
G0293	Non-cov surg proc clin trial	Not subject to pre-service review.	-	-	
C0204	New years off the later	Non Covered: Procedure/service not covered by the Plan.			
G0294	Non-cov proc clinical trial	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	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
G0329	Electromagntic tx for ulcers	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
E2504	SGD prerec msg>20min <=40min	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2506	SGD prerec msg > 40 min	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2508	SGD spelling phys contact	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E2510	SGD w multi methods msg/accs	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
	ς.	avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
E2511	SGD sftwre prgrm for PC/PDA	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
G0428	Collagen Meniscus Implant procedure for filling meniscal	subject to pre-service review. Check EIU policy, which is			
	defects (e.g. CMI collagen scaffold Menaflex)	one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
E2512	SGD accessory mounting sys	Policy Criteria. Submit for Recommended Clinical Review to			
22312	Seb decessory mounting sys	avoid post-service review by BCBS.	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
G0460	Autolog prp not diab ulcer	subject to pre-service review. Check EIU policy, which is			
00400			-	-	
		one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not			
COACE	Autolog and dish wound aloor	· ·			
G0465	Autolog prp diab wound ulcer	subject to pre-service review. Check EIU policy, which is	-	-	
	Alashal And (Or Substance (Other Then Taken) Miner	one of our Clinical Payment and Coding Policy (CPCP).			
62011	Alcohol And/Or Substance (Other Than Tobacco) Misuse	Non Covered: Procedure/service not covered by the Plan.			
G2011	Structured Assessment (E.G. Audit Dast) And Brief	Not subject to pre-service review.	-	-	
	Intervention 5-14 Minutes				
		MP Criteria: Procedures/services reviewed against Medical			
E2610	Wheelchair Seat Cushion Powered	Policy Criteria. Submit for Recommended Clinical Review to _	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
G0176	OPPS/PHP;activity therapy	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	-	
		avoid post-service review by BCBS.	 		
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.			
00330		Not subject to pre-service review.	-	-	

G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the Plan.			
08397	Dif filacula/fullidus examp w doc	Not subject to pre-service review.	-	-	
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the Plan.			
00399	Pt w/uxa results document	Not subject to pre-service review.	-	-	
G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the Plan.			
08400	Pt w/uxa no results doc	Not subject to pre-service review.	-	-	
G8404	Low extemity neur exam docum	Non Covered: Procedure/service not covered by the Plan.			
68404	Low externity neur exam docum	Not subject to pre-service review.	-	-	
G8405	Low outomity nour not porfor	Non Covered: Procedure/service not covered by the Plan.			
68405	Low extemity neur not perfor	Not subject to pre-service review.	-	-	
C0410	Firel on fact do surrouted	Non Covered: Procedure/service not covered by the Plan.			
G8410	Eval on foot documented	Not subject to pre-service review.	-	-	
C0415	First on fact and parformed	Non Covered: Procedure/service not covered by the Plan.			
G8415	Eval on foot not performed	Not subject to pre-service review.	-	-	
C041C	Dt in alia fa aturaan avaluatia	Non Covered: Procedure/service not covered by the Plan.			
G8416	Pt inelig footwear evaluatio	Not subject to pre-service review.	-	-	
G8417	Cala hmi ahu un naram f/u	Non Covered: Procedure/service not covered by the Plan.			
68417	Calc bmi abv up param f/u	Not subject to pre-service review.	-	-	
C9419	Colo hmi hluu lauu naram f/u	Non Covered: Procedure/service not covered by the Plan.			
G8418	Calc bmi blw low param f/u	Not subject to pre-service review.	-	-	
C0410		Non Covered: Procedure/service not covered by the Plan.			
G8419	Calc bmi out nrm param nof/u	Not subject to pre-service review.	-	-	
C9420	Cale hmi norm noromotors	Non Covered: Procedure/service not covered by the Plan.			
G8420	Calc bmi norm parameters	Not subject to pre-service review.	-	-	
C9421	Due: not coloulated	Non Covered: Procedure/service not covered by the Plan.			
G8421	Bmi not calculated	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.

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Cur made not document	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
Dec med ren no medroc	Non Covered: Procedure/service not covered by the Plan.			
Doe med isi no mediec	Not subject to pre-service review.	-	-	-
Pos clin donros sern f/u doc	Non Covered: Procedure/service not covered by the Plan.			
Pos cim depres scin i/d doc	Not subject to pre-service review.	-	-	-
Don ser not doc rng	Non Covered: Procedure/service not covered by the Plan.			
Dep sei not doc mg	Not subject to pre-service review.	-	-	-
Ser for don not ent doe ren	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
Beta-bloc rx nt w/abn lvef	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
Pt w/ahn lysf inslig h-bloc	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
Pt w/ahn lyef b-bloc no ry	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
High risk recurrence pro ca	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
ACE/ARB thypy ry2d	Non Covered: Procedure/service not covered by the Plan.			
	Not subject to pre-service review.	-	-	-
	Cur meds not document Doc med rsn no medrec Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d	Cur meds not documentNot subject to pre-service review.Doc med rsn no medrecNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Pos clin depres scrn f/u docNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Dep scr not doc rngNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Scr for dep not cpt doc rsnNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Beta-bloc rx pt w/abn lvefNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Pt w/abn lvef inelig b-blocNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.Pt w/abn lvef b-bloc no rxNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.High risk recurrence pro caNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.ACE/ABB thxpv rx?dNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	Cur meds not documentNot subject to pre-service reviewDoc med rsn no medrecNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPos clin depres scrn f/u docNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewDep scr not doc rngNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewScr for dep not cpt doc rsnNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewBeta-bloc rx pt w/abn lvefNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPt w/abn lvef inelig b-blocNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPt w/abn lvef b-bloc no rxNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewHigh risk recurrence pro caNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewACE/ARB thxpv rx?dNon Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	Cur meds not documentNot subject to pre-service reviewDoc med rsn no medrecNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPos clin depres scrn f/u docNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewDep scr not doc rngNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewScr for dep not cpt doc rsnNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewBeta-bloc rx pt w/abn lvefNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPt w/abn lvef b-bloc no rxNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewPt w/abn lvef b-bloc no rxNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewHigh risk recurrence pro caNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewACE/ABB thxov rx?dNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewACE/ABB thxov rx?dNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service reviewACE/ABB thxov rx?dNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review

G8474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G8475	ACE/ARB thxpy not rx?d	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G8476	Bp sys <140 and dias <90	
		Not subject to pre-service review.
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan.
	·	Not subject to pre-service review.
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or
05012	Other Specified Case Might	classified, maybe subject to contract/clinical review.
G9050	Oncology work up avaluation	Non Covered: Procedure/service not covered by the Plan.
69020	Oncology work-up evaluation	Not subject to pre-service review.
C0054		Non Covered: Procedure/service not covered by the Plan.
G9051	Oncology tx decision-mgmt	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9052	Onc surveillance for disease	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9053	Onc expectant management pt	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9054	Onc supervision palliative	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
05055		defined or classified, maybe subject to contract/clinical
		review.
		Non Covered: Procedure/service not covered by the Plan.
G9056	Onc prac mgmt adheres guide	
		Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan. - - -
G9057	Onc pract mgmt differs trial	
		Not subject to pre-service review.
G9058	Onc prac mgmt disagree w/gui	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the Plan.
05002		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 Plan.	
		Not subject to pre-service review.	
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the Plan.	
	·	Not subject to pre-service review.	
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the Plan.	
	0.10 0.1 0.00 0.82 2 1.00.08.00	Not subject to pre-service review.	
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9079	Onc dx prostate T3b-T4noprog	Non Covered: Procedure/service not covered by the Plan.	
	one ax prostate rob ranoprog	Not subject to pre-service review.	
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan.	
	one ax prostate wyrise r sk	Not subject to pre-service review.	
G9083	Onc dx prostate unknwn nos	Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
G9084	Onc dx colon t1-3 n1-2 no pr	Non Covered: Procedure/service not covered by the Plan.	
05004		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 Plan.	
0,000		Not subject to pre-service review.	
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the Plan.	
05007		Not subject to pre-service review.	
G9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the Plan.	
05000	One ux colori metas noeviu ux	Not subject to pre-service review.	

Not Severel Product/service. P P P P 06899 Oc & rectal TL-2 no prog Non Coverel Product/service. P P P 06991 Oc & rectal TL-3 no no prog Non Coverel Product/service. P <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
Base of the control of the control of the presence review. Image of the presence	G9089	Onc dx colon extent unknown	· · · ·		_	_
B0800 On dar net al Ta 2 no proge Not Subject to pre-service review. - - - - B0910 On dar net al Ta 3 No no prog Non Covered Procedure/service. - - - - B0920 On dar net al Ta 3 Na no prog Non Covered Procedure/service. - - - - B0920 On dar net al Ta 3 Na no prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 3 Na no prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta Nu Amop prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 1 Nu Amop prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 1 Nu Amop prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 1 Nu Amop prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 1 Nu Amop prog Non Covered Procedure/service. - - - - B0930 On dar net al Ta 1 Nu Amop prog Non Covered Procedure/service. - - - B0930 On dar net al ta 1 Nu						
Bases Non Covered, Proceeding/service nan covered by the Plan. Image: Covered and Proceeding/Service nan covered by the Plan. 63092 One divered at Ti-3 Hi-3 noping Non Covered. Proceeding/Service nan covered by the Plan. Image: Covered at Ti-3 Hi-3 noping Non Covered. Proceeding/Service nan covered by the Plan. Image: Covered at Ti-3 Hi-3 noping Image: Covered at Ti-3 nopin	G9090	Onc dx rectal T1-2 no progr	. ,	_	_	_
08691 01c ar kretch 1 / M 00 prog Not subject to pre-service review. - - - - 58992 0n cd x retail 11-3 M2-200 prog Not Subject to pre-service review. - - - 58993 0n cd x retail 14 M 00 prg Not Subject to pre-service review. - - - 58994 0n cd x retail 14 M 00 prg Not Subject to pre-service review. - - - 58995 0n cd x retail M1 w/mets prog Not Subject to pre-service review. - - - - 58996 0n cd x retail A1 M 00 prg Not Subject to pre-service review. - - - - 58995 0n cd x retail A1 no prog Not Subject to pre-service review. - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Bit Subject to pre-service relative. Image: Construction of the subject to pre-se	G9091	Onc dx rectal T3 N0 no prog	· · · · · · · · · · · · · · · · · · ·			
00002 0 nd driver al 11 Au Anopreg Not subject to pre-service review. - - - 0000 driver al 11 Au Mon or grig Not subject to pre-service review. - - - 0000 driver al 11 Au Mon or grig Not subject to pre-service review. - - - 0000 driver al 11 Au Mon or grig Not subject to pre-service review. - - - 0000 driver al 11 Au Mon or grig Not subject to pre-service review. - - - 0000 driver al 11 Au Mon or grig Not subject to pre-service review. - - - 0000 driver al 11 Au Mont subject to pre-service review. - - - - 0000 driver al 11 Au Mont subject to pre-service review. - - - - 0000 driver al 11 Au Mont subject to pre-service review. - - - - 0000 driver al 11 Au Mont subject to pre-service review. - - - - 0000 driver al 11 Au Mont or grig Not subject to pre-service review. - - - - 0000 driver al 11 Au Mont or grig Not subject to pre-service review. - - - - 0000 driver al 11 Au Mont or grig Not subject to pre-service review. - - - 0000 driver al				-		-
Not subject to preservice review. a a a a a 000 correctal 41 N W0 no prg Not subject to preservice review. a a a a 000 correctal 41 w Wmets prog Not subject to pre-service review. a a a a 0000 correctal 41 w Wmets prog Not subject to pre-service review. a a a a 0000 correctal 41 w Wmets prog Not subject to pre-service review. a a a a a 0000 correctal 42 w M0 no prg Not subject to pre-service review. a	G9092	Onc dx rectal T1-3 N1-2noprg	· · · ·			
90093 Not a subject op re-service review. - - - 9099 On dx retal IA NUM op rg Not subject to pre-service review. - - 9099 On dx retal extent unknwn Not subject to pre-service review. - - 9099 On dx retal extent unknwn Not Subject to pre-service review. - - - 9090 On dx desphaga IT-13 noprog Not Covered! Procedure/service not covered by the Plan. - - - 9090 On dx desphaga IT-13 noprog Not Covered! Procedure/service not covered by the Plan. - - - 90907 On dx desphaga IT-13 noprog Not Covered! Procedure/service review. - - - 90907 On dx desphaga Inst recur Non Covered! Procedure/service review. - - - 90908 On dx desphaga Inst recur Non Covered! Procedure/service review. - - - 90100 On dx sepshaga Invikown Non Covered! Procedure/service review. - - - 90101 On dx sepshice PII-RACOVERSPH Procedure/service review. - - - 90101 On dx sepshice PII-RACOVERSPH Procedure/service review. - - - 90101 On dx sepshice PII-RACOVERSPH Procedure/service review. <				-		-
Not subject op re-service review P P P P P 6904 One dx rectal M1 w/mets prog Nor Subject op re-service review P P P 69094 One dx rectal extent unknwn Nor Subject op re-service review P P P 69095 One dx rectal extent unknwn Nor Subject op re-service review P P P 69097 One dx esophageal T4 no prog Nor Subject op re-service review P P P P 69097 One dx esophageal T4 no prog Nor Subject op re-service review P P P P 69097 One dx esophageal mets recur Nor Subject to pre-service review P P P P 69098 One dx esophageal unknown Nor Subject to pre-service review P P P P 69100 One dx gastric or recurrence Nor Covered: Procedure/service review P P P P 69101 One dx gastric unresectable Nor Covered: Procedure/service review P P P P <t< td=""><td>G9093</td><td>Onc dx rectal T4 N M0 no prg</td><td>· · · ·</td><td></td><td></td><td></td></t<>	G9093	Onc dx rectal T4 N M0 no prg	· · · ·			
9999 0nd ok cetcla full, wijnets prog Not subject to pre-service review. - - - 9999 0nd ok cetcla laxent unknwn Not subject to pre-service review. - - - 99096 0nd ok esophage I 1-13 noprog Not subject to pre-service review. - - - 99097 0nd ok esophage I 14 no prog Not subject to pre-service review. - - - 99098 0nd ok esophage I nets recur Not subject to pre-service review. - - - 99098 0nd ok esophage I nets recur Not covered? Procedure/service not overed by the Plan. - - - 99099 0nd ok gastric no recurrence Non Covered? Procedure/service notive. - - - 69100 0nd ok gastric no recurrence Non Covered? Procedure/service notive. - - - 69101 0nd ok gastric no recurrence Non Covered? Procedure/service notive. - - - 69102 0nd ok gastric reurrent Non Covered? Procedure/service notive. - - - 69103 0nd ok gastric reurrent Non Covered? Procedure/service notive. - - - 69104 0nd ok gastric reurrent Non Covered? Procedure/service notive. - -						-
Not subject to pre-service review. -	G9094	Onc dx rectal M1 w/mets prog	· · · · · · · · · · · · · · · · · · ·			
99995 One dx rectal extent unknown Not subject to pre-service review. - - - 99996 One dx esophageal T4 no prog Non Covered: Procedure/service netwiew. - - - 68097 One dx esophageal T4 no prog Non Subject to pre-service review. - - - 69098 One dx esophageal mets recur Non Subject to pre-service review. - - - 69099 One dx esophageal unknown Non Subject to pre-service review. - - - 69099 One dx esophageal unknown Non Subject to pre-service review. - - - 69101 One dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. - - - 69102 One dx gastric runeresectable Non Covered: Procedure/service not covered by the Plan. - - - 69103 One dx gastric runeresectable Non Covered: Procedure/service not covered by the Plan. - - - 69102 One dx gastric runeresectable Non Covered: Procedure/service not covered by the Plan. - - - 69103 One dx gastric noremation Non Covered: Proc					-	-
Not subject to pre-service review. Image: Construction of the service review. <thimage: construction="" of="" review.<="" service="" th="" the=""></thimage:>	69095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan.			
Source Note subject to pre-service review. - - - - G9097 One de sophageal T4 no prog Non Covered: Procedure/Service not covered by the Plan. - - - G9098 One de sophageal mets recur Non to subject to pre-service review. - - - G9099 One de sophageal unknown Non to subject to pre-service review. - - - G9099 One de sophageal unknown Non to subject to pre-service review. - - - G9109 One de sophageal unknown Non to subject to pre-service review. - - - G9109 One de sopting R1-R2 noprog Non to subject to pre-service review. - - - G9101 One de gastric no recurrence Non Covered: Procedure/Service not covered by the Plan. - - - G9102 One de gastric norsectable Non Covered: Procedure/Service not covered by the Plan. - - - G9103 One de gastric nonsectable Non Covered: Procedure/Service not covered by the Plan. - - - G9104 One de gastric nonnow NOS Non Covered: Procedure/Service not covered by the Plan. - - - G9105 One de gastric nonnow NOS Non Covered: Procedure/Service not cove			, I		-	-
Note Control Note Subject to pre-service not covered by the Plan. Image: Control of Co	69096	One dy econhag T1-T3 poprog	Non Covered: Procedure/service not covered by the Plan.			
Gamma Part of the desphageal 14 no prog Not subject to pre-service review. -	05050		Not subject to pre-service review.		-	-
Not Subject to pre-service review. - - - - - - 69098 One dx esophageal mets recur Not Subject to pre-service review. - - - - 69099 One dx esophageal unknown Not Subject to pre-service review. - - - - 69100 One dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. - - - - 69101 One dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. -	60007	One dy ocenhageal T4 no prog	Non Covered: Procedure/service not covered by the Plan.			
Saddage One dx esophageal mets recur Not subject to pre-service review. - - - 63099 One dx esophageal unknown Non Covered! Procedure/service not covered by the Plan. - - - 69100 One dx gastric no recurrence Non Covered! Procedure/service not covered by the Plan. - - - 69101 One dx gastric pR1-R2noprog Non Covered! Procedure/service not covered by the Plan. - - - 69102 One dx gastric unresectable Non Covered! Procedure/service not covered by the Plan. - - - 69103 One dx gastric unresectable Non Covered! Procedure/service not covered by the Plan. - - - 69104 One dx gastric unknown NOS Non Covered! Procedure/service not covered by the Plan. - - - 69104 One dx gastric unknown NOS Non Covered! Procedure/service not covered by the Plan. - - - 69104 One dx gastric unknown NOS Non Covered! Procedure/service not covered by the Plan. - - - 69105 One dx pancreate p R1/R2 no Non Covered! Procedure/service not covered by the Plan. - - - <t< td=""><td>G9097</td><td>One ux esophagear 14 no prog</td><td>Not subject to pre-service review.</td><td></td><td>-</td><td>-</td></t<>	G9097	One ux esophagear 14 no prog	Not subject to pre-service review.		-	-
Not subject to pre-service net view. not subject to pre-servic	C0000		Non Covered: Procedure/service not covered by the Plan.			
Sedds Out dx esopnageal unknown Not subject to pre-service review. - - - G9100 Onc dx gastric no recurrence Non Covered: Procedure/service not covered by the Plan. - - - G9101 Onc dx gastric p R1-R2noprog Non Covered: Procedure/service not covered by the Plan. - - - G9102 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. - - - G9103 Onc dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. - - - G9104 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. - - - G9103 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. - - - G9104 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. - - - G9105 Onc dx pancreatc p R0 res no Not subject to pre-service review. - - - G9107 Onc dx pancreatc P R1/R2 no Non Covered: Procedure/service not covered by the Plan. - - G9107 Onc dx pancreatc unknwn NOS Non Covered: Procedure/service not covered by the Plan. - - G9108 Onc dx	G9098	One ax esophageal mets recur	Not subject to pre-service review.		-	-
Not subject to pre-service review. - - - - 69100 Onc dx gastric no recurrence Not Subject to pre-service review. - - - 69101 Onc dx gastric p R1-R2noprog Not Covered? Procedure/service not covered by the Plan. - - - 69102 Onc dx gastric unresectable Non Covered? Procedure/service not covered by the Plan. - - - 69103 Onc dx gastric recurrent Not Subject to pre-service review. - - - 69104 Onc dx gastric unknown NOS Not Subject to pre-service review. - - - 69105 Onc dx gastric unknown NOS Not Subject to pre-service review. - - - 69105 Onc dx pancreatc p R0 res no Not Subject to pre-service review. - - - 69106 Onc dx pancreatc p R1/R2 no Not Covered? Procedure/service not covered by the Plan. - - 69106 Onc dx pancreatc p R1/R2 no Not Covered? Procedure/service not covered by the Plan. - - 69107 Onc dx pancreatc p R1/R2 no Not Covered? Procedure/service not covered by the Plan. - - - 69107 Onc dx pancreatic unresectabl Not Subject to pre-service review. - - - <td>c</td> <td>Que de service de la companya</td> <td>Non Covered: Procedure/service not covered by the Plan.</td> <td></td> <td></td> <td></td>	c	Que de service de la companya	Non Covered: Procedure/service not covered by the Plan.			
One dx gastric no recurrence Not subject to pre-service review. - <th-< td=""><td>G9099</td><td>Unc dx esophageal unknown</td><td>Not subject to pre-service review.</td><td></td><td>-</td><td>-</td></th-<>	G9099	Unc dx esophageal unknown	Not subject to pre-service review.		-	-
One dx gastric no recurrence Not subject to pre-service review. - <th-< td=""><td></td><td></td><td>Non Covered: Procedure/service not covered by the Plan.</td><td></td><td></td><td></td></th-<>			Non Covered: Procedure/service not covered by the Plan.			
G9101 Onc dx gastric p R1-R2.noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9102 Onc dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9103 Onc dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9104 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9105 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9106 Onc dx pancreatc p R0 res no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9107 Onc dx pancreatc p R1/R2 no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9108 Onc dx pancreatic unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9107 Onc dx pancreatic unknown NOS Non Covered: Procedure/servic	G9100	Onc dx gastric no recurrence	· · · · · · · · · · · · · · · · · · ·		-	-
One ox gastric p k1-k2hoprog Not subject to pre-service review. -						
G9102 One dx gastric unresectable Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service review. - - - G9103 One dx gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9104 One dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9104 One dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - <td>G9101</td> <td>Onc dx gastric p R1-R2noprog</td> <td></td> <td></td> <td>-</td> <td>-</td>	G9101	Onc dx gastric p R1-R2noprog			-	-
G9102 One dx gastric unresectable Not subject to pre-service review. - - - G9103 One dx gastric recurrent Not Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9104 One dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9105 One dx pancreate p R0 res no Covered: Procedure/service review. - - - G9106 One dx pancreate p R1/R2 no Covered: Procedure/service review. - - - G9107 One dx pancreatic unresectab Non Covered: Procedure/service review. - - - G9108 One dx pancreatic unresectab Non Covered: Procedure/service review. - - - G9109 One dx pancreatic unknwn NOS Non Covered: Procedure/service review. - - - - G9108 One dx pancreatic unknwn NOS Non Covered: Procedure/service review. - - - - - G9109 One dx head/neck T1-T2no prg Non Covered: Procedure/service review. - - - - - - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
G9103 Onc & gastric recurrent Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - G9104 Onc & gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - G9105 Onc & pancreatc p R0 res no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - G9106 Onc dx pancreatc p R1/R2 no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9107 Onc dx pancreatc unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9108 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx pancreatic unknwn NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9100 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service r	G9102	Onc dx gastric unresectable	· · · ·		-	-
G9103 Onc dx gastric recurrent Not subject to pre-service review. - - - - G9104 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9105 Onc dx pancreatc p R0 res no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9106 Onc dx pancreatc p R1/R2 no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. -						
G9104 Onc dx gastric unknown NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9105 Onc dx pancreatc p R0 res no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. -	G9103	Onc dx gastric recurrent	· · · ·		_	-
GS104 One dx gastrie unknown NOS Not subject to pre-service review. - <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
G9105 Onc dx pancreatc p R0 res no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9106 Onc dx pancreatc p R1/R2 no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9107 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9108 Onc dx pancreatic unknwn NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9110 Onc dx head/neck T3-4 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9111 Onc dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. Not Subject to pre-service review. - - - G9111 Onc dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. Not Covered: Procedure/service not covered by the Plan. - -	G9104	Onc dx gastric unknown NOS	· · · · · · · · · · · · · · · · · · ·		-	-
G9105 Onc dx pancreate p RU res no Not subject to pre-service review. -						
G9106 Onc dx pancreatc p R1/R2 no Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9107 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9108 Onc dx pancreatic unknwn NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9110 Onc dx head/neck T3-4 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9111 Onc dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. Not Covered: Procedure/service not covered by the Plan. - -	G9105	Onc dx pancreatc p R0 res no	· · · · · · · · · · · · · · · · · · ·		_	_
G9106 Onc dx pancreatic p R1/R2 no Not subject to pre-service review. - - - - G9107 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. -						
G9107 Onc dx pancreatic unresectab Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9108 Onc dx pancreatic unknwn NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9110 Onc dx head/neck T3-4 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9111 Onc dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. Not Subject to pre-service review. - - -	G9106	Onc dx pancreatc p R1/R2 no			_	_
G9107 One dx pancreatic unresectab Not subject to pre-service review. - - - - G9108 One dx pancreatic unknwn NOS Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9109 One dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. -						
G9108 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9110 Onc dx head/neck M1 mets rec 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 covered: Procedure/service not covered by the Plan. - -	G9107	Onc dx pancreatic unresectab	· · · ·		_	_
G9108 Onc dx pancreatic unknow NOS Not subject to pre-service review. -						
G9109 Onc dx head/neck T1-T2no prg Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9110 Onc dx head/neck T3-4 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - G9111 Onc dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. - -	G9108	Onc dx pancreatic unknwn NOS	· · · ·		_	_
G9109 One dx head/neck 11-12no prg Not subject to pre-service review. - - - - G9110 One dx head/neck T3-4 noprog Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - G9111 One dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan. - - -						
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. - - - -	G9109	Onc dx head/neck T1-T2no prg	· · · · · · · · · · · · · · · · · · ·	_	_	_
G9110 One dx head/neck 13-4 hoprog Not subject to pre-service review. - - - G9111 One dx head/neck M1 mets rec Non Covered: Procedure/service not covered by the Plan.						
G9111 Onc dx head/neck M1 mets rec Not subject to pre-service review.	G9110	Onc dx head/neck T3-4 noprog				
G9111 UNC 0X NEAD/NECK IVIT METS FEC				-	_	_
Not subject to pre-service review.	G9111	Onc dx head/neck M1 mets rec				
		· · · · · · · · · · · · · · · · · · ·	Not subject to pre-service review.		_	_

G9112 O	Dnc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G9113 O	Onc dx ovarian stg1A-B no pr	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G9114 O	Onc dx ovarian stg1A-B or 2	Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9115 O	Dnc dx ovarian stg3/4 noprog	Not subject to pre-service review.	_	-	_
		Non Covered: Procedure/service not covered by the Plan.			
G9116 O	Onc dx ovarian recurrence	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9117 O	Onc dx ovarian unknown NOS	Not subject to pre-service review.	_	-	_
		Non Covered: Procedure/service not covered by the Plan.			
G9123 O	Onc dx CML chronic phase	Not subject to pre-service review.	_	-	_
		Non Covered: Procedure/service not covered by the Plan.			
G9124 O	Onc dx CML acceler phase	Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9125 O	Onc dx CML blast phase	Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9126 O	Onc dx CML remission	Not subject to pre-service review.	_	_	_
0	Oncology; Disease Status; Limited To Multiple Myeloma				
	systemic Disease; Smoldering Stage I (For Use In A	Non Covered: Procedure/service not covered by the Plan.			
	Aedicare-Approved Demonstration Project)	Not subject to pre-service review.	-	-	-
IV		Non Covered: Procedure/service not covered by the Plan.			
G9129 O	Onc dx mult myeloma stg2 hig	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9130 O	Onc dx multi myeloma unknown	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9131 O	Onc dx brst unknown NOS	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9132 O	Onc dx prostate mets no cast	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9133 O	Onc dx prostate clinical met	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9134 O	Onc NHLstg 1-2 no relap no	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
G9135 O	Dnc dx NHL stg 3-4 not relap		_	_	_
		Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.			
G9136 O	Dnc dx NHL trans to Ig Bcell		_	_	_
		Not subject to pre-service review.			
G9137 O	Dnc dx NHL relapse/refractor	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.			
G9138 O	Dnc dx NHL stg unknown	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.			
G9139 O	Dnc dx CML dx status unknown	Non Covered: Procedure/service not covered by the Plan.	_	_	
		Not subject to pre-service review.			
G9140 Fi	rontier extended stay demo	Non Covered: Procedure/service not covered by the Plan.	_	_	
		Not subject to pre-service review.			

	Outpatient Intravenous Insulin Treatment (OIVIT) either			
00117	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 Plan.		
	,	Not subject to pre-service review.	_	_
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the Plan.		
	,	Not subject to pre-service review.	_	_
G9980	Remote E/M New Pt 30 Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	-
G9981	Remote E/M New Pt 45Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		_
G9982	Remote E/M New Pt 60Mins	Non Covered: Procedure/service not covered by the Plan.		
	··· , · · · · · · ·	Not subject to pre-service review.	-	-
G9983	Remote E/M Est. Pt 10Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	_	_
G9984	Remote E/M Est. Pt 15Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		_
G9985	Remote E/M Est. Pt 25Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	_	_
G9986	Remote E/M Est. Pt 40Mins	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.	-	-
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan.		
	p	Not subject to pre-service review.	-	-
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	-
H0047	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	—
		MP Criteria: Procedure/service reviewed against Medical		
J0129	Abatacept injection	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		
G0341	Percutaneous islet celltrans	Policy Criteria. Submit for Recommended Clinical Review to 9/18/20	23	
505.1		avoid post-service review. Phor Authonization may be	_	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
J0202	Injection alemtuzumab	Policy Criteria. Submit for Recommended Clinical Review to		
30202		avoid post-service review. Prior Authorization may be-	-	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
G0342	Lanaroscony islot coll trans	Policy Criteria. Submit for Recommended Clinical Review to 9/18/20	172	
00342	Laparoscopy islet cell trans	avoid post-service review. Prior Authorization may be-		-
		required per contract agreement.		

		MP Criteria: Procedure/service reviewed against Medical
J0219	Inj aval alfa-ngpt 4mg	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
J0220	Alglucosidase alfa injection	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
J0222	Inj. patisiran 0.1 mg	Policy Criteria. Submit for Recommended Clinical Review to
J0222	ng. patisiran o.i ng	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
J0223	Inj givosiran 0.5 mg	Policy Criteria. Submit for Recommended Clinical Review to
J0223		avoid post-service review. Prior Authorization may be = =
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
10224	Ini lumasiran 0 E mg	Policy Criteria. Submit for Recommended Clinical Review to
J0224	Inj. lumasiran 0.5 mg	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
G0343	Laparotomy islet cell transp	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
00545		avoid post-service review. Prior Authorization may be
		required per contract agreement.
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or
102.10	Alpha I proteinase inhibitor	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
J0490	INJECTION BELIMUMAB 10 MG	Policy Criteria. Submit for Recommended Clinical Review to
10490	INJECTION BELIMOMAB TO MG	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
10401	Ini anifralumah fria 1mg	Policy Criteria. Submit for Recommended Clinical Review to
J0491	Inj anifrolumab-fnia 1mg	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
10517	Ini hanralizumah 1 mg	Policy Criteria. Submit for Recommended Clinical Review to
J0517	Inj. benralizumab 1 mg	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
105.65		Policy Criteria. Submit for Recommended Clinical Review to
J0565	Inj bezlotoxumab 10 mg	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		required per contract agreement.

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J0567	Inj. cerliponase alfa 1 mg	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		
J0584	Injection burosumab-twza 1m	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		
J0586	AbobotulinumtoxinA	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		
J0587	Inj rimabotulinumtoxinB	avoid post-service review. Prior Authorization may be-	_ 1/1/2024	Retire effective 01/01/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	avoid post-service review. Prior Authorization may be-	_ 1/1/2024	Retire effectived 01/01/2024
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J0717	Certolizumab pegol inj 1mg	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		
J0775	Collagenase clost hist inj	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		
J0791	Inj crizanlizumab-tmca 5mg	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		
J0881	Darbepoetin alfa non-esrd			_
		avoid post-service review. Prior Authorization may be-		
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical		
J1301	Injection edaravone 1 mg	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review. Prior Authorization may be		
		required per contract agreement.		
C0422	Intensive Cardiac Rehabilitation; With Or Without	MP Criteria: Procedures/services reviewed against Medical		
G0422	Continuous Ecg Monitoring With Exercise Per Session	Policy Criteria. Submit for Recommended Clinical Review to		-
		avoid post-service review by BCBS.		
		MP Criteria: Procedure/service reviewed against Medical		
J1303	Inj. ravulizumab-cwvz 10 mg	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	
J1305	Inj evinacumab-dgnb 5mg	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	
J1306	Injection inclisiran 1 mg	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	
J1325	Epoprostenol injection	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	MP Criteria: Procedures/services reviewed against Medical	
G0423	Continuous Ecg Monitoring; Without Exercise Per Session	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
	Dermal Filler injection(s) for the treatment of facial	MP Criteria: Procedures/services reviewed against Medical	
G0429	lipodystrophy syndrome (LDS) (e.g. as a result of highly	Policy Criteria. Submit for Recommended Clinical Review to _	
	active antiretroviral therapy.)	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
G2082	Visit esketamine 56m or less	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedure/service reviewed against Medical	
J1428	Inj eteplirsen 10 mg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review. Prior Authorization may be	
		required per contract agreement.	
		MP Criteria: Procedures/services reviewed against Medical	
G2083	Visit esketamine > 56m	Policy Criteria. Submit for Recommended Clinical Review to _	
		avoid post-service review by BCBS.	
		MP Criteria: Procedure/service reviewed against Medical	
J1551	Inj cutaquig 100 mg	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	
J1554	Inj. asceniv	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review. Prior Authorization may be	
		required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
J1566	Immune globulin powder	classified, maybe subject to contract/clinical review. Prior _	
		Authorization may be required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
J1599	Ivig non-lyophilized NOS	classified, maybe subject to contract/clinical review. Prior _	
11000	·····	Authorization may be required per contract agreement.	

		MP Criteria: Procedures/services reviewed against Medical			
10172					
J0172	Inj aducanumab-avwa 2 mg	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
		avoid post-service review by BCBS.			
J1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
J1746	Inj. ibalizumab-uiyk 10 mg	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review. Prior Authorization may be-	-	-	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
J0218	Inj olipudase alfa-rpcp 1mg	Policy Criteria. Submit for Recommended Clinical Review to 7/1/2023	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
11022	Ini inchilizumah adap 1 mg	Policy Criteria. Submit for Recommended Clinical Review to			
J1823	Inj. inebilizumab-cdon 1 mg	avoid post-service review. Prior Authorization may be	-	-	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
J0225	Inj vutrisiran 1 mg	Policy Criteria. Submit for Recommended Clinical Review to _			
	, .	avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
J1302	Inj sutimlimab-jome 10 mg	Policy Criteria. Submit for Recommended Clinical Review to			
51001		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
J2182	Injection mepolizumab 1mg	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			
J2278	Ziconotide injection	avoid post-service review. Prior Authorization may be-	_	_	
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical			
J1411	Inj hemgenix per tx dose	Policy Criteria. Submit for Recommended Clinical Review to 5/1/2023	-	_	
		avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical			
J2356	Inj tezepelumab-ekko 1mg	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review. Prior Authorization may be-	-	=	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
J1426	Injection casimersen 10 mg	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
12502	Ini pacinostido long acting	Policy Criteria. Submit for Recommended Clinical Review to			
J2502	Inj pasireotide long acting	avoid post-service review. Prior Authorization may be-	-	-	
		required per contract agreement.			
		MP Criteria: Procedures/services reviewed against Medical			
J1427	Inj. viltolarsen	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
<u> </u>					

J2507 INJECTION PEGLOTICASE 1 MG MP Criteria: Procedure/service review dagainst Medical J12207 Inj golodirsen 10 mg MP Criteria: Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may bearequired per contract agreement. - - J1429 Inj golodirsen 10 mg MP Criteria: Submit for Recommended Clinical Review to
12507 INJECTION PEGLOTICASE 1 MG avoid post-service review. Prior Authorization may be-required per contract agreement. - <
required per contract agreement. J1429 Inj golodirsen 10 mg MP Criteria: Procedures/services reviewed against Medical J1429 Inj golodirsen 10 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.
Inj golodirsen 10 mg MP Criteria: Procedure/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.
11429 Inj golodirsen 10 mg Policy Criteria. Submit for Recommended Clinical Review to
avoid post-service review by BCBS. Inj. brexanolone 1 mg Policy Criteria: Procedures/services reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed by BCBS. Inj. spesolimab-sbzo 1 mg Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to 5/1/2023 avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to 5/1/2023 avoid post-service reviewed against Medical Policy Criteria: Procedure/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 review. IJ3032 Inj. eptinezumab-jimr 1 mg 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: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Re
J1632 Inj. brexanolone 1 mg MP Criteria: Procedures/services reviewed against Medical J1632 Inj. brexanolone 1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.
J1632 Inj. brexanolone 1 mg Policy Criteria. Submit for Recommended Clinical Review to
avoid post-service review by BCBS.
J1747 Inj spesolimab-sbzo 1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to 5/1/2023
J1747 Inj spesolimab-sbzo 1 mg Policy Criteria. Submit for Recommended Clinical Review to 5/1/2023
avoid post-service review. J3032 Inj. eptinezumab-jjmr 1 mg 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 reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to Prior Authorization may be-required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to
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-required per contract agreement. - - MP Criteria: Procedure/service reviewed against Medical - - - Policy Criteria. Submit for Recommended Clinical Review to - - - Policy Criteria. Submit for Recommended Clinical Review to - - -
J3032 Inj. eptinezumab-jjmr 1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be-required per contract agreement. - - - J3121 Inj. testostero enanthate 1 mg MP Criteria. Submit for Recommended Clinical Review to - - -
J3032 Inj. eptinezumab-jjmr 1 mg avoid post-service review. Prior Authorization may be-required per contract agreement. = <
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
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to
Policy Criteria. Submit for Recommended Clinical Review to
13121 Initestostero enanthate 1mg
13121 Inj testostero enanthate Img
avoid post-service review. This Authorization may be
required per contract agreement.
MP Criteria: Procedure/service reviewed against Medical
Policy Criteria. Submit for Recommended Clinical Review to
J3145 Testosterone undecanoate 1mg 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
J3241 Inj. teprotumumab-trbw 10 mg 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
J3245 Inj. tildrakizumab 1 mg 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
J3285 Treprostinil injection avoid post-service review. Prior Authorization may be-
required per contract agreement.
MP Criteria: Procedures/services reviewed against Medical
, , ,
avoid post-service review by BCBS.
MP Criteria: Procedures/services reviewed against Medical
J1954 Leuprolide depot cipla 7.5mg Policy Criteria. Submit for Recommended Clinical Review to 4/1/2023
avoid post-service review by BCBS.
MP Criteria: Procedure/service reviewed against Medical
J3380 Injection vedolizumab 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	
J3398	Inj luxturna 1 billion vec g	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	
12200	Ini annen abanar visi teast	Policy Criteria. Submit for Recommended Clinical Review to	
J3399	Inj onase abepar-xioi treat	avoid post-service review. Prior Authorization may be-	
		required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
J3490	Drugs unclassified injection	classified, maybe subject to contract/clinical review. Prior	
		Authorization may be required per contract agreement.	
		MP Criteria: Procedures/services reviewed against Medical	
J2327	Inj risankizumab-rzaa 1 mg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		Non Covered: Procedure/service not covered by the Plan.	
J3570	Laetrile amygdalin vit B17	Not subject to pre-service review.	
		Unlisted: Procedure/service not specifically defined or	
J3590	Unclassified biologics	classified, maybe subject to contract/clinical review. Prior _	
		Authorization may be required per contract agreement.	
		Unlisted: Procedure/service not specifically defined or	
J3591	Esrd on dialysi drug/bio noc	classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedures/services reviewed against Medical	
J2440	Injection Papaverine Hcl Up To 60 Mg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
J7178	Inj human fibrinogen con nos	avoid post-service review. Prior Authorization may be	
		required per contract agreement. Unlisted: Procedure/service not specifically defined or	
J7192	Factor viii recombinant NOS		
		classified, maybe subject to contract/clinical review.	
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedures/services reviewed against Medical	
J2777	Inj faricimab-svoa 0.1mg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
J2778	Injection Ranibizumab 0.1 Mg	Policy Criteria. Submit for Recommended Clinical Review to $_$	
		avoid post-service review by BCBS.	
J7599		Unlisted: Procedure/service not specifically defined or	
11222	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	
		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).				
		EIU: Procedure/service not reimbursed by the Plan. Not				
J7609	Albuterol comp unit	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				
J7610	Albuterol comp con	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				
J7615	Levalbuterol comp unit	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				
J7622	Beclomethasone comp unit	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				
J7624	Betamethasone comp unit	subject to pre-service review. Check EIU policy, which is				
	ppp	one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
J7627	Budesonide comp unit	subject to pre-service review. Check EIU policy, which is				
57.027		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
J7628	Bitolterol mesylate comp con	subject to pre-service review. Check EIU policy, which is				
17028	Bitoliterol mesylate comp con	one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
J7629	Ditaltarial manufata anno unt					
1/029	Bitolterol mesylate comp unt	subject to pre-service review. Check EIU policy, which is	-	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
17622		EIU: Procedure/service not reimbursed by the Plan. Not				
J7632	Cromolyn sodium comp unit	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				
J7634	Budesonide comp con	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				
J7635	Atropine comp con	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				
J7636	Atropine comp unit	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				
J7637	Dexamethasone comp con	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				
J7638	Dexamethasone comp unit	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				
J7640	Formoterol comp unit	subject to pre-service review. Check EIU policy, which is				
		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	
		one of our childen ayment and couning rolley (CFCF).				

		EIU: Procedure/service not reimbursed by the Plan. Not				
J7641	Flunisolide comp unit	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				
J7642	Glycopyrrolate comp con	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				
J7643	Glycopyrrolate comp unit	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				
J7645	Ipratropium bromide comp	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				
J7647	Isoetharine comp con	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				
J7650	Isoetharine comp unit	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				
J7657	Isoproterenol comp con	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				
J7660	Isoproterenol comp unit	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				
J7667	Metaproterenol comp con	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				
J7670	Metaproterenol comp unit	subject to pre-service review. Check EIU policy, which is				
37070		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not				
J7676	Pentamidine comp unit dose	subject to pre-service review. Check EIU policy, which is				
1/0/0	Pentamune comp unit dose		-	-	-	
		one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not				
17000		· · · · · ·				
J7680	Terbutaline sulf comp con	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				
J7681	Terbutaline sulf comp unit	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				
J7683	Triamcinolone comp con	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				
J7684	Triamcinolone comp unit	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				
J7685	Tobramycin comp unit	subject to pre-service review. Check EIU policy, which is	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				

J7699 Ir	nhalation solution for DME	Unlisted: Procedure/service not specifically defined or		_
		classified, maybe subject to contract/clinical review.		
J7799 N	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		_
J7999 C	Compounded drug noc	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	-	-
J8498 A	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		classified, maybe subject to contract/clinical review.	_	-
J8499 C	Oral prescrip drug non chemo	Unlisted: Procedure/service not specifically defined or		
10+33		classified, maybe subject to contract/clinical review.	-	-
J8597 A	Antiemetic drug oral NOS	Unlisted: Procedure/service not specifically defined or		
19221 A	Antiemetic ulug olai NOS	classified, maybe subject to contract/clinical review.	-	-
19000		Unlisted: Procedure/service not specifically defined or		
J8999 C	Oral prescription drug chemo	classified, maybe subject to contract/clinical review.	-	-
10000		Unlisted: Procedure/service not specifically defined or		
J9020 A	Asparaginase NOS	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
J2779 Ir	nj susvimo 0.1 mg	Policy Criteria. Submit for Recommended Clinical Review to		
	.,	avoid post-service review by BCBS.	-	-
		Non Covered: Procedure/service not covered by the Plan.		
J9285 Ir	nj olaratumab 10 mg	Not subject to pre-service review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
	Inj efgartigimod 2mg	Policy Criteria. Submit for Recommended Clinical Review to		
J9332 Ir		· ·	_	_
		avoid post-service review. Prior Authorization may be-		
		required per contract agreement.		
12222		MP Criteria: Procedures/services reviewed against Medical		
J3299 Ir	nj xipere 1 mg	Policy Criteria. Submit for Recommended Clinical Review to	-	-
		avoid post-service review by BCBS.		
		Unlisted: Procedure/service not specifically defined or		
19999 C	Chemotherapy drug	classified, maybe subject to contract/clinical review. Prior		
		Authorization may be required per contract agreement.	-	-
		· · · · ·		
		MP Criteria: Procedures/services reviewed against Medical		
J3520 E	Edetate disodium per 150 mg	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
J7177 Ir	nj. fibryga 1 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
17309	Methyl Aminolevulinate (Mal) For Topical Administration	Policy Criteria. Submit for Recommended Clinical Review to		
1	16.8% 1 Gram	avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
J7316 Ir	niection Ocriplasmin 0.125 Mg	Policy Criteria. Submit for Recommended Clinical Review to _		
1,210	Injection Ocriplasmin 0.125 Mg	avoid post-service review by BCBS.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
17402	Mometacone cinus cinus			
J7402 N	Mometasone sinus sinuva	Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.	-	-
		SVOID DOST-SORVICO ROVIOW BY BL BS		

		MP Criteria: Procedures/services reviewed against Medical			
19600	Porfimer sodium injection	Policy Criteria. Submit for Recommended Clinical Review to			
	,	avoid post-service review by BCBS.	-	—	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review.			
К0108	W/c component-accessory NOS	Unlisted or Undefined: Procedures/services not specifically	-	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
		MP Criteria: Procedures/services reviewed against Medical			
к0005	Ultralightweight wheelchair	Policy Criteria. Submit for Recommended Clinical Review to			
	6 6	avoid post-service review by BCBS.	-	—	
		MP Criteria: Procedures/services reviewed against Medical			
к0010	Stnd wt frame power whichr	Policy Criteria. Submit for Recommended Clinical Review to			
	·	avoid post-service review by BCBS.	-	—	
		MP Criteria: Procedures/services reviewed against Medical			
K0011	Stnd wt pwr whichr w control	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	—	
		MP Criteria: Procedures/services reviewed against Medical			
КОО12	Ltwt portbl power whichr	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
КОО13	Custom power whichr base	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
КОО14	Other power whichr base	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
K0053	Elevate footrest articulate	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
К0812	Power operated vehicle NOC	avoid post-service review.			
KUUIZ	rower operated vehicle roce	Unlisted or Undefined: Procedures/services not specifically $^-$	-	-	
		defined or classified, maybe subject to contract/clinical			
		review.			
		MP Criteria: Procedures/services reviewed against Medical			
К0065	Spoke protectors	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
K0455	Pump uninterrupted infusion	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
к0800	POV group 1 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			

		MP Criteria: Procedures/services reviewed against Medical			
K0801	POV group 1 hd 301-450 lbs	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
K0802	POV group 1 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
K0806	POV group 2 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	—	
		MP Criteria: Procedures/services reviewed against Medical			
к0807	POV group 2 hd 301-450 lbs	Policy Criteria. Submit for Recommended Clinical Review to _			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
к0808	POV group 2 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review to _			
10000	FOV group 2 vila 451-000 lbs		-	_	
		avoid post-service review by BCBS.			
K0012		MP Criteria: Procedures/services reviewed against Medical			
K0813	PWC gp 1 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
КО814	PWC gp 1 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			
		MD Criteria Decendence from the state of a state of the literation			
		MP Criteria: Procedures/services reviewed against Medical			
K0815	PWC gp 1 std seat/back	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
K001C	DNAC are 1 and any alkalin				
КО816	PWC gp 1 std cap chair	Policy Criteria. Submit for Recommended Clinical Review to	-	-	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
К0820	PWC gp 2 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_	
		avoid post-service review by BCBS.			
		MD Critoria: Dracoduros (continent residented a point Madical			
W00004		MP Criteria: Procedures/services reviewed against Medical			
K0821	PWC gp 2 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review to	-	_	
		avoid post-service review by BCBS.			

		MP Criteria: Procedures/services reviewed against Medical	
К0822	PWC gp 2 std seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0823	PWC gp 2 std cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
К0824	PWC gp 2 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0825	PWC gp 2 hd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0826	PWC gp 2 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0827	PWC gp vhd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0828	PWC gp 2 xtra hd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
10020		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
к0829	PWC gp 2 xtra hd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
к0830	PWC gp2 std seat elevate s/b	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
К0831	PWC gp2 std seat elevate cap	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
к0835	PWC gp2 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
10000	i we gpz sta sing pow opt s/ o	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0836	PWC gp2 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0837	PWC gp 2 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
10007		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0838	PWC gp 2 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	
10000		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0839	PWC gp2 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
10000		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0840	PWC gp2 xhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to _	
100-0		avoid post-service review by BCBS.	
		avulu pust-selvice leview by DCD3.	

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K0064		MP Criteria: Procedures/services reviewed against Medical		
K0861	PWC gp3 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
100000	DMC and the transmission of the	MP Criteria: Procedures/services reviewed against Medical		
K0862	PWC gp3 hd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
K0863	PWC gp3 vhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
1		MP Criteria: Procedures/services reviewed against Medical		
K0864	PWC gp3 xhd mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
K0868	PWC gp 4 std seat/back	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
к0869	PWC gp 4 std cap chair	Policy Criteria. Submit for Recommended Clinical Review to		
	r we gp 4 stu cap than	avoid post-service review by BCBS.	—	_
		MP Criteria: Procedures/services reviewed against Medical		
к0870	PWC gp 4 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review to _		
	Twe gp 4 hu seat/back	avoid post-service review by BCBS.	-	-
	PWC gp 4 vhd seat/back	MP Criteria: Procedures/services reviewed against Medical		
K0871		Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
	PWC gp4 std sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical		
K0877		Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	_	_
		Unlisted: Procedure/service not specifically defined or		
K0898	Power wheelchair NOC	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
К0878	PWC gp4 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to		
10070		avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
К1002	Ces system	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
K1002	Ces system		12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
К1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan.	12/31/2023	Retire effective 12/31/2023
		Not subject to pre-service review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
К1004	Lo freq us diathermy device	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		
K1007	Bil hkaf pc s/d micro sensor		_	_
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not	_	_
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	_	-
K1007	Bil hkaf pc s/d micro sensor 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).	- 12/31/2023	– Retire effective 12/31/2023

		EIU: Procedure/service not reimbursed by the Plan. Not		
К1018	Ext up limb tremor stim wris	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
К1019	Supp ext up limb tremor stim	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
К0879	PWC gp4 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
К1023	Trans elec nerv periph nerv	subject to pre-service review. Check EIU policy, which is $_$	12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedure/service reviewed against Medical		
К1027	Oral dev without fix mech	Policy Criteria. Submit for Recommended Clinical Review to		
K1027		avoid post-service review. Prior Authorization may be -	-	-
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
к0880	PWC gp4 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or		
20555		classified, maybe subject to contract/clinical review.	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or		
11133		classified, maybe subject to contract/clinical review.	_	-
	PWC gp4 std mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical		
К0884		Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		
L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or		
-2000		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.	_	_
L3649	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.	-	
W0005		MP Criteria: Procedures/services reviewed against Medical		
K0885	PWC gp4 std mult pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
к0886	PWC gp4 hd mult pow s/b	Policy Criteria. Submit for Recommended Clinical Review to		
	· · · · OP · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	-	-

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: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.		-	_
к0891	PWC gp5 ped mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.		_	_
к0899	Pow mobil dev no dmepdac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.		_	_
К1020	Non-invasive vagus nerv stim	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.		12/31/2023	Retire effective 12/31/2023
К1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
К1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
к1030	Ext recharge bat replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.		_	_
К1031	Non pneu comp control w/o ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
К1032	Non pneum seq comp full leg	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	7/1/2023	12/31/2023	Retire effective 12/31/2023
К1033	Non pneum seq comp half leg	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _ avoid post-service review by BCBS.		-	-

		MP Criteria: Procedures/services reviewed against Medical		
L5857	Elec knee-shin swing only	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L5973	Ank-foot sys dors-plant flex	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6026	Part hand myo exclu term dev	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6611	Additional switch ext power	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
	ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED	MP Criteria: Procedures/services reviewed against Medical		
1 0000	INDEPENDENTLY ARTICULATING DIGITS ANY GRASP			
L6880	PATTERN OR COMBINATION OF GRASP PATTERNS	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
	INCLUDES MOTOR(S)	avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6920	Wrist disarticul switch ctrl	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
L6925	Wrist disart myoelectronic c	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	_	-
		MP Criteria: Procedures/services reviewed against Medical		
L6930	Below elbow switch control	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L6935	Below elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review to		
	below elbow mybelectionic ct	avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L6940	Elbow disarticulation switch	Policy Criteria. Submit for Recommended Clinical Review to		
20510		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L6945	Elbow disart myoelectronic c	Policy Criteria. Submit for Recommended Clinical Review to		
10943		avoid post-service review by BCBS.	_	-
		MP Criteria: Procedures/services reviewed against Medical		
L6950	Above elbow switch control			
10920	Above elbow switch control	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6955	Above elbow myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6960	Shldr disartic switch contro	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6965	Shldr disartic myoelectronic	Policy Criteria. Submit for Recommended Clinical Review to $_$	-	_
		avoid post-service review by BCBS.		

		MD Criteria Dreadures (convises reviewedinst Madies)		
1 60 70	toto serve the theory of the st	MP Criteria: Procedures/services reviewed against Medical		
L6970	Interscapular-thor switch ct	Policy Criteria. Submit for Recommended Clinical Review to	_	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L6975	Interscap-thor myoelectronic	Policy Criteria. Submit for Recommended Clinical Review to	_	-
		avoid post-service review by BCBS.		
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	——————————————————————————————————————	-
L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	_	-
L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or		
10040		classified, maybe subject to contract/clinical review.	—	-
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or		
10433	טוווזנכע וווזכ פוטאראבער אין	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L7008	Pediatric electric hand	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		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: Procedures/services reviewed against Medical		
L7009	Adult electric hook	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	—	-
		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: Procedures/services reviewed against Medical		
L7040	Prehensile actuator	Policy Criteria. Submit for Recommended Clinical Review to		
-		avoid post-service review by BCBS.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
L8614	Cochlear Device	avoid post-service review. Prior Authorization may be-	3 _	-
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
		Deligy Criteria, Cylemit for Decommonded Clinical Review to		
L8615	Coch Implant Headset Replace	avoid post-service review. Prior Authorization may be- 9/18/2023	3 _	_
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical		
		Delicy Criteria, Submit for Decommonded Clinical Paview to		
L8616	Coch Implant Microphone Repl	Policy Criteria. Submit for Recommended Clinical Review to	3 _	_
		avolu post-service review. Hhor Authorization may be-		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
L8617	Coch Implant Trans Coil Repl	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	3 _	
		avoid post-service review. Prior Authorization may be	_	-
		required per contract agreement.		
		required per contract agreement.		

		MP Criteria: Procedure/service reviewed against Medical			
L8618	Coch Implant Tran Cable Repl	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
		avoid post-service review. Prior Authorization may be	-	-	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
L8619	Coch Imp Ext Proc/Contr Rplc	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
10019		avoid post-service review. Prior Authorization may be-	-	-	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
1000	Devel 7's a Alis Datha sa	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
L8621	Repl Zinc Air Battery	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 purid part against Price Authorization may be 9/18/2023			
L8622	Repl Alkaline Battery	9/18/2023 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 9/18/2023			
L8623	Lith Ion Batt Cid Non-Earlvl	9/18/2023 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 9/18/2023			
L8624	Lith Ion Batt Cid Ear Level	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 pyrid port somice review Price Authorization may be 9/18/2023			
L8627	Cid Ext Speech Process Repl	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 9/18/2023			
L8628	Cid Ext Controller Repl	avoid post-service review. Prior Authorization may be-	_	_	
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical			
L8629	Cid Transmit Coil And Cable	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	_	_	
		avoid post-service review. Prior Authorization may be-			
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
L8690	Aud Osseo Dev Int/Ext Comp	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review. Phot Authonization may be	-	_	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
L8691	Aoi Snd Proc Repl Excl Actua	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
	- · · · · · · · · · · · · · · · · · · ·	avoid post-service review. Phor Authorization may be-	-	_	
		required per contract agreement.			

		MP Criteria: Procedure/service reviewed against Medical	
		Nir Citeria. Floteduire/service reviewed against internation	
L8693	Aud Osseo Dev Abutment	Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review. Prior Authorization may be-	
		required per contract agreement.	
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or	_
	· · · · · · · · · · · · · · · · · · ·	classified, maybe subject to contract/clinical review.	_
		MP Criteria: Procedures/services reviewed against Medical	
L7045	Pediatric electric hook	Policy Criteria. Submit for Recommended Clinical Review to	-
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
L7170	Electronic elbow hosmer swit	Policy Criteria. Submit for Recommended Clinical Review to	-
		avoid post-service review by BCBS.	
M0075	Cellular therapy	Non Covered: Procedure/service not covered by the Plan.	
1410075	central therapy	Not subject to pre-service review.	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
M0076	Prolotherapy	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	
M0240	Casiri and imdev repeat	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	
M0241	Casiri and imdev repeat hm	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	
M0243	Casirivi and imdevi inj	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	
M0244	Casirivi and imdevi inj hm	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	
M0245	bamlan and etesev infusion	subject to pre-service review. Check EIU policy, which is $6/1/2023$	
11102 10		one of our Clinical Payment and Coding Policy (CPCP).	-
		EIU: Procedure/service not reimbursed by the Plan. Not	
M0246	Bamlan and etesev infus home	subject to pre-service review. Check EIU policy, which is 6/1/2023	
10240	barnari and etesev infus nome	one of our Clinical Payment and Coding Policy (CPCP).	-
		MP Criteria: Procedures/services reviewed against Medical	
L7180	Electronic elbow sequential	Policy Criteria. Submit for Recommended Clinical Review to	
L/100	Electronic elbow sequential		-
		avoid post-service review by BCBS.	
00000	Displat sick allocate with	EIU: Procedure/service not reimbursed by the Plan. Not	
P9020	Plaelet rich plasma unit	subject to pre-service review. Check EIU policy, which is	-
		one of our Clinical Payment and Coding Policy (CPCP).	
		Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review.	
P9099	Blood component/product noc	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			
Q0240	Casirivi and imdevi 600mg	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			
Q0243	casirivimab and imdevimab	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			
Q0244	Casirivi and imdevi 1200 mg	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			
Q0245	bamlanivimab and etesevima	subject to pre-service review. Check EIU policy, which is 6/1/2023	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
00507	Mice cup / ace out) / A D	Unlisted: Procedure/service not specifically defined or			
Q0507	Misc sup/acc ext VAD	classified, maybe subject to contract/clinical review.	-	-	
00500		Unlisted: Procedure/service not specifically defined or			
Q0508	Misc sup/acc imp VAD	classified, maybe subject to contract/clinical review.	-	-	
0.0500		Unlisted: Procedure/service not specifically defined or			
Q0509	Mis sup/ac imp VAD nopay med	classified, maybe subject to contract/clinical review.	-	-	
		Non Covered: Procedure/service not covered by the Plan.			
Q0510	Dispens fee immunosupressive	Not subject to pre-service review.	-	-	
		Non Covered: Procedure/service not covered by the Plan.			
Q0511	Sup fee antiem antica immuno	Not subject to pre-service review.	-	_	
		Non Covered: Procedure/service not covered by the Plan.			
Q0512	Px sup fee anti-can sub pres	Not subject to pre-service review.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
L7181	Electronic elbo simultaneous	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
L7185	Electron elbow adolescent sw	Policy Criteria. Submit for Recommended Clinical Review to			
2,105		avoid post-service review by BCBS.	-	-	
		Unlisted: Procedure/service not specifically defined or			
Q2039	Influenza virus vaccine nos	classified, maybe subject to contract/clinical review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
Q2041	Axicabtagene ciloleucel car+	avoid post-service review. Prior Authorization may be	_	_	
		required per contract agreement. MP Criteria: Procedure/service reviewed against Medical			
Q2042	Tisagenlecleucel car-pos t	Policy Criteria. Submit for Recommended Clinical Review to	_	_	
		avoid post-service review. Prior Authorization may be-			
		required per contract agreement.			
		Unlisted: Procedure/service not specifically defined or			
Q2050	Doxorubicin inj 10mg	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.			

Application Model application Model application 20053 Persucablagene car pot 1 Policy Criencis Somirul Rescurptives of a second application maybes of a	Q2053	Brexucabtagene car pos t	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be- required per contract agreement.	
Q2053 Breuklahtsgene Gar post and post service review. Bries Authenizes maysise - - Q2054 Lisocalitagene mara car post MC (Tricin Proceedure/service reviewed against Modela - - Q2054 Lisocalitagene mara car post MC (Tricin Proceedure/service reviewed against Modela - - Q2055 Lisocalitagene mara car post MC (Tricin Proceedure/service reviewed against Modela - - Q2056 Lisocalitagene viceue lear MC (Tricin Proceedure/service reviewed against Modela - - Q2056 Lisocalitagene car post MC (Tricin Proceedure/service reviewed against Modela - - Q2056 Calitacabagene car post MC (Tricin Proceedure/service reviewed against Modela - - Q2056 Calitacabagene car post MC (Tricin Proceedure/service reviewed against Modela - - Q4051 Splint supplies unitated MC (Tricin Proceedure/service reviewed against Modela - - Q4052 Splint supplies unitated MC (Tricin Proceedure/service reviewed against Modela - - Q4054 Splint supplies unitated MC (Tricin Proceedure/service reviewed against Modela - - Q4055 Splint supplies unitated MC (Tricin Proceedure/service reviewed against Modela - -	Q2053	Brexucabtagene car pos t	avoid post-service review. Prior Authorization may be required per contract agreement.	
And post-ervice releve. Planet Auftorstage in mary be in the second of the se			required per contract agreement.	
22054 Liscablagene mara cur pos t Policy Criteria: Procedure/service review defailed lineal Review to -				
2054 Joicottagene mara car post Policy Criteria. Submit for Recommended Clinical Review to				
Q2054 Lineachtagene mars car post avoid post-service review. Piez-Authorization maybe- required personnets accommoded clinical Review to - - Q2055 Heachtagene vicleurel car MP Criteria . Note recommended clinical Review to avoid post-service review. Piez-Authorization maybe- required personnets accommoded clinical Review to - - Q2056 Cillacabtagene car-post MP Criteria . Submit for Recommended clinical Review to avoid post-service review. Piez-Authorization maybe- required personnets accommoded clinical Review to avoid post-service review. Piez-Authorization maybe- review depresonnets. - - Q2050 Cast supplies unlisted Unlisted: Procedurs/Avoice not opperCrially defined or unid post-service review. Piez-Authorization maybe- review depresonnets. - - Q4051 Splint supplies misc Cillacabtagene car-post - - - Q4062 Drug/bio NOC part B drug CAP Unlisted: Procedurs/Avoice not specifically defined or unide or classified, maybe subject to contract/dirical review. - - - Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined Procedurs/Service not specifically defined or Undefined Procedurs/Service not specifically review. - - - Q4180 Skin substitute NOS MP Criteria. Submit for Recommended Clinical Review to avoid post-service review dagainst Medical review. - - - Q4180 Skin substitute NOS MP Criteria				
2010 post service review, Hier A Minerathen Review - - - 20205 NP Criteria: Procedure/service review against Medical - - 20205 NP Criteria: Struit for Recommended Clinical Review to avoid post-service review. Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria (Review to avoid post-service review, Perior Authorisation may be criteria) (Review to avoid post-service review, Perior Authorisation review, Perion Authorisation review, Perior Authorisation review, Perior Au	02054	Lisocabtagene mara car posit		
Q2055 MP Criteria: Procedure/service review. Peint-Methatikan Review to source review. Peint-Methatikan Review to so	42001		avoid post-service review. Prior Authorization may be-	
Q2055 Policy Criteria: Submit for Recommended Clinical Review to rescience are sentered against Medical -				
Q205 Idecablagene videweel Gar avoid post service review. Prior Authorization may be- equived per contract agreement- avoid post service review. Prior Authorization may be- required per contract agreement. - - - Q2056 Ciltacabtagene car-pos t avoid post-service review. Prior Authorization may be- required per contract agreement. - - - Q4050 Cast supplies unisted - - - - Q4050 Cast supplies unisted - - - - Q4050 Cast supplies unisted - - - - Q4050 Cast supplies misc Cassified, may be subject to contract/clinical review. - - - - Q4062 Drug/bio NOC part B drug CAP Mot subject to contract/clinical review. - - - - Q4100 Skin substitute NOS Mot subject to contract/clinical review. - - - - Q4100 Skin substitute NOS MP Criteria. Submit for Recommended Clinical Review to carrier. - - - - - - - - - - <t< td=""><td></td><td></td><td></td><td></td></t<>				
avoid post service review. How haddenisation may be inclusion in the service of per construct agreement. image: cons	02055	Idecabtagene vicleucel car	Policy Criteria. Submit for Recommended Clinical Review to	
Q2056 Cillacabtagene car-pos t Policy Criteria. Froedure/Service reviewed against Medical Q2056 Cillacabtagene car-pos t Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior-Authorisation maybe required per dentited agreement. - - - - Q4050 Cast supplies unlisted Unlisted: Procedure/Service not specifically defined or classified, maybe subject to contract/clinical review. -	Q2055		avoid post-service review. Prior Authorization may be-	
Q256 Cilicabategene car-post Policy Criteria. Submit for Authorization may be invested Cilical Review 10 -				
Q2056 Cilitacabtagene car-pos t avoid post-service review. Arior Authorization may be- required per contract specifically defined or classified, maybe subject to contract/clinical review. - - - Q4050 Cast supplies unlisted Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - Q4051 Splint supplies misc Cassified, maybe subject to contract/clinical review. - - - Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedure/service not specifically review. - - - Q4082 Skin substitute NOS WP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. - - - Q4100 Skin substitute NOS MP Criteria: Procedure/services reviewed against Medical review. - - - 17186 Electron elbow child switch MP Criteria: Submit for Recommended Clinical Review to avoid post-service review by BCBS. - - - 17190 Elbow adolescent myoelectron P			MP Criteria: Procedure/service reviewed against Medical	
Q4050 Cast supplies unlisted Unlisted: Procedure/service not specifically defined or	02056	Ciltacabtagana car post	Policy Criteria. Submit for Recommended Clinical Review to	
Q4050 Cast supplies unlisted Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - Q4051 Splint supplies misc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - Q4052 Drug/bio NOC part B drug CAP Unlisted: Or under/service not specifically defined or classified, maybe subject to contract/clinical review. - - - Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. -	Q2050	Cirtacabragene car-pos t	avoid post-service review. Prior Authorization may be-	
Q4000 Cast supplies unlisted classified, maybe subject to contract/clinical review. - - - Q4051 Splint supplies misc Classified, maybe subject to contract/clinical review. - - - Q4062 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedure/Service not covered by the Plan. - - - Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedure/Service not specifically			required per contract agreement.	
Classified, maybe subject to contract/clinical review. Image: Classified in a cl	0.4050	Cast suggisted	Unlisted: Procedure/service not specifically defined or	
Q4051 Splint supplies misc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - Q4082 Drug/bio NOC part B drug CAP Unlisted: Procedure/service review.	Q4050	Cast supplies unlisted	classified, maybe subject to contract/clinical review.	
C4assfied, maybe subject to contract/(linical review.	0.4054		Unlisted: Procedure/service not specifically defined or	
Q4082 Drug/bio NOC part B drug CAP Not subject to pre-service review. unlisted or Undefined: Procedures/services not specifically	Q4051	Splint supplies misc	classified, maybe subject to contract/clinical review.	
Q4082 Drug/bio NOC part B drug CAP Unlisted or Undefined: Procedures/services not specifically			Non Covered: Procedure/service not covered by the Plan.	
Q4100 Skin substitute 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			Not subject to pre-service review.	
Q4100 Skin substitute 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	Q4082	Drug/bio NOC part B drug CAP		
Q4100 Skin substitute 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				
Q4100 Skin substitute NOS MP Criteria: Procedure/service reviewed against Medical Q4100 Skin substitute NOS avoid post-service review. Unlisted or Undefined: Procedures/services not specifically - - Vertex: - <t< td=""><td></td><td></td><td></td><td></td></t<>				
Q4100 Skin substitute NOS Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. - - Unlisted or Undefined: Procedures/services not specifically				
Q4100 Skin substitute NOS avoid post-service review. Unlisted or Undefined: Procedures/services not specifically				
Q4100 Skin substitute NOS Unlisted or Undefined: Procedures/services not specifically - -			-	
defined or classified, maybe subject to contract/clinical review. review. L7186 Electron elbow child switch Policy Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	Q4100	Skin substitute NOS	•	
review. L7186 Electron elbow child switch Policy Criteria: Submit for Recommended Clinical Review to				
L7186 Electron elbow child switch Policy Criteria: Submit for Recommended Clinical Review to				
L7186 Electron elbow child switch Policy Criteria. Submit for Recommended Clinical Review to				
Avoid post-service review by BCBS. - L7190 Elbow adolescent myoelectron Policy Criteria: Procedures/services reviewed against Medical avoid post-service review by BCBS.	17196	Electron allow child switch	_	
L7190 Elbow adolescent myoelectron Policy Criteria. Submit for Recommended Clinical Review to	1/100			
L7190 Elbow adolescent myoelectron Policy Criteria. Submit for Recommended Clinical Review to				
Avoid post-service review by BCBS.	17100	Files wadelessent myselestrer	_	
Q4103 Oasis burn matrix 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). Q4104 Integra BMWD subject to pre-service review. Check EIU policy, which is	L/190	Elbow addrescent mydelectron		
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	0.44.00		· · · · · ·	
Q4104 Integra BMWD EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	Q4103	Uasis burn matrix		
Q4104 Integra BMWD 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).				
	Q4104	Integra BMWD		
MP Criteria: Procedures/services reviewed against Medical				
L7191 Elbow child myoelectronic ct Policy Criteria. Submit for Recommended Clinical Review to	L7191	Elbow child myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review to $_$	
avoid post-service review by BCBS.			avoid post-service review by BCBS.	

		MD Critoria: Dropoduros (convigos reviewed against Mardian)		
17064	Turch a call hatten utah (anu	MP Criteria: Procedures/services reviewed against Medical		
L7364	Twelve volt battery utah/equ	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L7366	Battery chrgr 12 volt utah/e	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
L8604	Dextranomer/hyaluronic acid	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4110	Primatrix	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		
Q4111	Gammagraft	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		
Q4112	Cymetra injectable	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		
Q4113	Graftjacket xpress	subject to pre-service review. Check EIU policy, which is		
4.110		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L8606	Synthetic implat urinary 1ml	Policy Criteria. Submit for Recommended Clinical Review to		
20000	Synthetic implific drinary 111	avoid post-service review by BCBS.	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4115	Alloskin	subject to pre-service review. Check EIU policy, which is		
0,4115	Alloskin	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		MP Criteria: Procedures/services reviewed against Medical		
L8612	Aquadus shupt prosthosis			
19012	Aqueous shunt prosthesis	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
0.447		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4117	Hyalomatrix	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		
Q4118	Matristem micromatrix	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		
Q4121	Theraskin	subject to pre-service review. Check EIU policy, which is	-	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
L8701	Ewh s/d uprt micro sensor	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	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		
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE	subject to pre-service review. Check EIU policy, which is		
	CENTIMETER	one of our Clinical Payment and Coding Policy (CPCP).	-	_

		FUL December for the set of the set of the Disc Net		
0.4405		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	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		
Q4126	Memoderm/derma/tranz/integup	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		
Q4127	TALYMED PER SQUARE CENTIMETER	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
L8702	Ewhf s/d uprt micro sensor	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4130	STRATTICE TM PER SQUARE CENTIMETER	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
P2031	Hair analysis	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	—	_
		MP Criteria: Procedures/services reviewed against Medical		
Q2026	Radiesse injection	Policy Criteria. Submit for Recommended Clinical Review to		
	·····	avoid post-service review by BCBS.	—	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4134	hMatrix	subject to pre-service review. Check EIU policy, which is		
Q.1201		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4135	Mediskin	subject to pre-service review. Check EIU policy, which is		
Q+133	Wediskin	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4136	EZderm	subject to pre-service review. Check EIU policy, which is		
Q4150	Ezdelli		_	-
		one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not		
0.44.27				
Q4137	Amnioexcel biodexcel 1sq 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		
Q4138	Biodfence dryflex 1cm	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		
Q4139	Amnio or biodmatrix inj 1cc	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		
Q4140	Biodfence 1cm	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		
Q4141	Alloskin ac 1 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		
Q4142	Xcm biologic tiss matrix 1cm	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		
Repriza 1cm	subject to pre-service review. Check EIU policy, which is	-	-
Epifix inj 1mg		-	-
Tensix 1cm	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		
Architect ecm px fx 1 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		
Neox neox rt or clarix cord	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		
Excellagen 0.1 cc			
C C		-	-
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Allowrap ds or dry 1 sg cm	· · · · · · · · · · · · · · · · · · ·		
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	, , ,		
Ini sculptra 0.5mg	_		
		-	_
Dermanure 1 square cm	· · · · ·		
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Dormovect alurivect calem			
Dermavest plunvest sq cm		-	-
	· · · · · ·		
Anliquef			
Apligrat	-	-	-
Neoxflo or clarixflo 1 mg		-	-
	· · · · · ·		
Neox 100 or clarix 100		-	_
	one of our Clinical Payment and Coding Policy (CPCP).		
	EIU: Procedure/service not reimbursed by the Plan. Not		
Revitalon 1 square 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		
Kerecis omega3 per sq cm	subject to pre-service review. Check EIU policy, which is	_	_
	one of our Clinical Payment and Coding Policy (CPCP).		
	MP Criteria: Procedures/services reviewed against Medical		
Oasis wound matrix	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		-	_
	Epifix inj 1mg Tensix 1cm Architect ecm px fx 1 sq cm Neox neox rt or clarix cord Excellagen 0.1 cc Allowrap ds or dry 1 sq cm Inj sculptra 0.5mg Dermapure 1 square cm Dermavest plurivest sq cm Apligraf Neoxflo or clarixflo 1 mg Neox 100 or clarix 100 Revitalon 1 square cm Kerecis omega3 per sq cm	one of our Clinical Payment and Coding Policy (CPCP). Epifix inj 1mg EU: Procedure/service not reimbursed by the Plan. Not Epifix inj 1mg subject to pre-service review. Check EU policy, which is	ene of our Clinical Payment and Coding Policy (CPCP). EU: Procedure/service not reinbursed by the Plan. Not Epfix Inj Img subject to pre-service review. Check EU policy, which is

0.4460		EIU: Procedure/service not reimbursed by the Plan. Not
Q4160	Nushield 1 square 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
Q4161	Bio-connekt per square 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
Q4162	Wndex flw bioskn flw 0.5cc	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
Q4163	Woundex bioskin 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
Q4164	Helicoll per square 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
Q4165	Keramatrix Kerasorb 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
Q4166	Cytal per square centimeter	subject to pre-service review. Check EIU policy, which is
4.200		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4167	Truskin per sg centimeter	subject to pre-service review. Check EIU policy, which is
Q1107		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4105	Integra drt or omnigraft	Policy Criteria. Submit for Recommended Clinical Review to
Q+105		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4169	Artacent wound per sq cm	subject to pre-service review. Check EIU policy, which is
Q4109	Altacent would per sq chi	
		one of our Clinical Payment and Coding Policy (CPCP).
0.4170		EIU: Procedure/service not reimbursed by the Plan. Not
Q4170	Cygnus 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
Q4171	Interfyl 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
Q4173	Palingen or palingen xplus	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
Q4174	Palingen or promatrx	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
Q4175	Miroderm	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
Q4176	Neopatch or therion per square centimeter	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
Q4177	Floweramnioflo 0.1 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
Q4178	Floweramniopatch 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
Q4179	Flowerderm 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
Q4180	Revita 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
Q4181	Amnio wound per square 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
Q4182	Transcyte per sq centimeter	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
Q4183	Surgigraft 1 sq cm	subject to pre-service review. Check EIU policy, which is
0,1105	San BiBliant, Tod on	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4184	Cellesta or duo per sq cm	subject to pre-service review. Check EIU policy, which is
Q+10+		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4185	Cellesta flowab amnion 0.5cc	subject to pre-service review. Check EIU policy, which is
Q4185	Cellesta nowab annion 0.5cc	one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
0.4100	Dermoniet	
Q4106	Dermagraft	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
0.4407		MP Criteria: Procedures/services reviewed against Medical
Q4107	Graftjacket	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4188	Amnioarmor 1 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
Q4189	Artacent ac 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
Q4190	Artacent ac 1 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
Q4191	Restorigin 1 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
Q4192	Restorigin 1 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			
Q4193	Coll-e-derm 1 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			
Q4194	Novachor 1 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			
Q4195	Puraply 1 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			
Q4196	Puraply am 1 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			
Q4197	Puraply xt 1 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			
Q4198	Genesis amnio membrane 1sqcm	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			
Q4199	Cygnus matrix per sq cm	subject to pre-service review. Check EIU policy, which is			
Q1155	eyBlids matrix per sq em	one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4200	Skin te 1 sq cm	subject to pre-service review. Check EIU policy, which is			
Q4200	Skiller sy chi	one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4201	Matrion 1 ca cm	subject to pre-service review. Check EIU policy, which is			
Q4201	Matrion 1 sq cm	one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
0.4202	Karam (2 Falar) 1aa				
Q4202	Keroxx (2.5g/cc) 1cc	subject to pre-service review. Check EIU policy, which is	-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
0.4000		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4203	Derma-gide 1 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			
Q4204	Xwrap 1 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			
Q4205	Membrane graft or wrap 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			
Q4206	Fluid flow or fluid gf 1 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			
Q4208	Novafix 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			
Q4209	Surgraft per sq cm	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
		ene er eur enneur ayment and eounig reney (er er j.			

		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4210	Axolotl graf dualgraf 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		
Q4211	Amnion bio or axobio 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		
Q4212	Allogen 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		
Q4213	Ascent 0.5 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		
Q4214	Cellesta cord 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		
Q4215	Axolotl ambient cryo 0.1 mg	subject to pre-service review. Check EIU policy, which is		
	, 0	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4216	Artacent cord per sq cm	subject to pre-service review. Check EIU policy, which is		
4.220		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4217	Woundfix biowound plus xplus	subject to pre-service review. Check EIU policy, which is		
Q1217		one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4218	Surgicord per sq cm	subject to pre-service review. Check EIU policy, which is		
Q+210	Surgicola per sq cili	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4219	Surgigraft dual per sq cm	subject to pre-service review. Check EIU policy, which is		
Q4219	Surgigiait dual per sq cili	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
04220	Dellacell UD. Suradorm og om			
Q4220	Bellacell HD Surederm 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		
Q4221	Amniowrap2 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		
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			
Q4233	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			
Q+233		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4236	Carepatch per sq cm	subject to pre-service review. Check EIU policy, which is			
Q4230	Calepater per sq cm		-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4237	Cryo-cord 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			
Q4238	Derm-maxx 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			
Q4239	Amnio-maxx or lite 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			
Q4240	Corecyte topical only 0.5 cc	subject to pre-service review. Check EIU policy, which is			
01210		one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4241	Polycyte topical only 0.5cc	subject to pre-service review. Check EIU policy, which is			
Q+241			-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
04242	Ampionito plus por O.F. co	EIU: Procedure/service not reimbursed by the Plan. Not			
Q4242	Amniocyte plus 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			
Q4244	Procenta per 200 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. N					
Q4245	Amniotext per cc	subject to pre-service review. Check EIU policy, which		-	_	-	
		one of our Clinical Payment and Coding Policy (CPCP					
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4246	Coretext or protext per cc	subject to pre-service review. Check EIU policy, which		-	_	_	
		one of our Clinical Payment and Coding Policy (CPCP					
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4247	Amniotext patch per sq cm	subject to pre-service review. Check EIU policy, which	n is	_	_	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N	lot				
Q4248	Dermacyte amn mem allo sq cm	subject to pre-service review. Check EIU policy, which	n is	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N	lot				
Q4249	Amniply per sq cm	subject to pre-service review. Check EIU policy, which	n is				
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4250	Amnioamp-mp per sq cm	subject to pre-service review. Check EIU policy, which					
		one of our Clinical Payment and Coding Policy (CPCP		-	-	_	
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4251	Vim per square centimeter	subject to pre-service review. Check EIU policy, which					
4.202		one of our Clinical Payment and Coding Policy (CPCP		-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4252	Vendaje per square centimet	subject to pre-service review. Check EIU policy, which					
Q 1232	vendaje per square centimer	one of our Clinical Payment and Coding Policy (CPCP		-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4253	Zenith amniotic membrane psc	subject to pre-service review. Check EIU policy, which					
Q+233	Zentri anniotic memorane psc	one of our Clinical Payment and Coding Policy (CPCP		-	-	-	
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4254	Novafix dl per sg cm	subject to pre-service review. Check EIU policy, which					
Q4254	Novalix ul per sq cili			-	-	-	
		one of our Clinical Payment and Coding Policy (CPCP					
0.4255	Descendence in the standard second	EIU: Procedure/service not reimbursed by the Plan. N					
Q4255	Reguard topical use per sq	subject to pre-service review. Check EIU policy, which		-	-	-	
		one of our Clinical Payment and Coding Policy (CPCP					
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4256	Mlg complet per sq cm	subject to pre-service review. Check EIU policy, which		-	-	_	
		one of our Clinical Payment and Coding Policy (CPCP					
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4257	Relese per sq cm	subject to pre-service review. Check EIU policy, which		_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N	lot				
Q4258	Enverse per sq cm	subject to pre-service review. Check EIU policy, which	n is	_	_	-	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N	lot				
Q4259	Celera per sq cm	subject to pre-service review. Check EIU policy, which	n is	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. N					
Q4260	Signature apatch per sq cm	subject to pre-service review. Check EIU policy, which		_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP		_	_		

		EIU: Procedure/service not reimbursed by the Plan. Not
Q4261	Tag per square centimeter	subject to pre-service review. Check EIU policy, which is
Q4201	Tag per square centimeter	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
04262		
Q4262	Dual layer impax per sq cm	subject to pre-service review. Check EIU policy, which is 1/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
0.4050	6 6 H	EIU: Procedure/service not reimbursed by the Plan. Not
Q4263	Surgraft tl per sq cm	subject to pre-service review. Check EIU policy, which is 1/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4264	Cocoon membrane per sq cm	subject to pre-service review. Check EIU policy, which is 1/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4265	Neostim tl per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4108	Integra matrix	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4266	Neostim per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4114	Integra flowable wound matri	Policy Criteria. Submit for Recommended Clinical Review to
	C C	avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4267	Neostim dl per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4116	Alloderm	Policy Criteria. Submit for Recommended Clinical Review to
4.220		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4268	Surgraft ft per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
Q+200	Sulgial it per sq till	one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4122	Dermacell awm porous sq cm	Policy Criteria. Submit for Recommended Clinical Review to
Q4122	Dermacen awin porous sq cin	
		avoid post-service review by BCBS. EIU: Procedure/service not reimbursed by the Plan. Not
04200	Course that a set set	
Q4269	Surgraft xt per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
0.4420		MP Criteria: Procedures/services reviewed against Medical
Q4128	Flexhd/allopatchhd/sq cm	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4270	Complete sl per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
1		MP Criteria: Procedures/services reviewed against Medical
Q4132	Grafix core grafixpl core	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.

		EIU: Procedure/service not reimbursed by the Plan. Not
Q4271	Complete ft per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4133	Grafix stravix prime pl sqcm	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or
Q3003	hospice care 1403	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
Q5103	Injection inflectra	Policy Criteria. Submit for Recommended Clinical Review to
Q3103	injection innectra	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
05404	to to attack and the to	Policy Criteria. Submit for Recommended Clinical Review to
Q5104	Injection renflexis	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
Q5106	Inj retacrit non-esrd use	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
Q5109	Injection ixifi 10 mg	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedures/services reviewed against Medical
Q4151	Amnioband guardian 1 sq cm	Policy Criteria. Submit for Recommended Clinical Review to
Q+131		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
Q4154	Biovance 1 square cm	Policy Criteria. Submit for Recommended Clinical Review to
Q4154	Biovalice 1 square cill	
		avoid post-service review by BCBS.
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.
		MP Criteria: Procedure/service reviewed against Medical
S0157		Policy Criteria, Submitter Recommended Clinical Poview to
S0157	Becaplermin gel 1% 0.5 gm	Policy Criteria. Submit for Recommended Clinical Review to
	Becaplermin gel 1% 0.5 gm	avoid post-service review. Prior Authorization may be-
	Becaplermin gel 1% 0.5 gm	avoid post-service review. Prior Authorization may be- required per contract agreement.
		avoid post-service review. Prior Authorization may be- required per contract agreement. Non Covered: Procedure/service not covered by the Plan.
S0197	Becaplermin gel 1% 0.5 gm Prenatal vitamins 30 day	avoid post-service review. Prior Authorization may be-required per contract agreement. -
S0197	Prenatal vitamins 30 day	avoid post-service review. Prior Authorization may be- required per contract agreement. Non Covered: Procedure/service not covered by the Plan.
		avoid post-service review. Prior Authorization may be-required per contract agreement. -
S0197 S0310	Prenatal vitamins 30 day Hospitalist Visit	avoid post-service review. Prior Authorization may be-required per contract agreement. -
\$0197	Prenatal vitamins 30 day	avoid post-service review. Prior Authorization may be-required per contract agreement. -
S0197 S0310 S0320	Prenatal vitamins 30 day Hospitalist Visit RN telephone calls to DMP	avoid post-service review. Prior Authorization may be-required per contract agreement. -
S0197 S0310	Prenatal vitamins 30 day Hospitalist Visit	avoid post-service review. Prior Authorization may be-required per contract agreement. -

SIDL2 Pring Param For Galegie Not subject to preservice review. - - - - Q4159 MPC Toteria. Subint for Recommended Clinical Review to a waid post-service review Q QUESS. - - - - S0810 Photorefractive kerateettomy Non Covered! Procedure/Service note operative del totel Q beind Q beind on totel Q beind			Non Covered: Procedure/service not covered by the Plan.			
MP Criteria: Proceedings/network particles releved against. Medical Policy Criteria: Submit of Recommended Clinical Review to	S0622	Phys exam for college		_	_	
0a159 Affinity1 square om Policy Cirteria, Submit for Recommended Unical Review to						
And Device Frace review by BCGS. Image: Control of Control	04150	Affinitul cause cm				
Solito Photorefractive keratectomy Non Covered: Procedure/service not specify defined or S1001 Delaxe item Unlisted: Procedure/service not specify defined or S1002 Custom item Classifier, maybe subject to ontract/Unical review. - S1003 Custom item Classifier, maybe subject to contract/Unical review. - S1004 Custom item Classifier, maybe subject to contract/Unical review of a parts. - S1005 Custom item Classifier, maybe subject to contract/Unical review of a parts. - S1006 Review of a parts. - - - S1007 Custom item Policy Criteria. Submit for Recommended Clinical Review to a parts. - - S1008 Epifix 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to a parts. - - S1117 Arthroereisis subtaliar MC Criteria. Stometing review of the solution for Recommended Clinical Review to a parts. - - S2120 Low Density Lipoprotein(Ldi) Policy Criteria. Submit for Recommended Clinical Review to a parts. - - S2120 Low Density Lipoprotein(Ldi) Policy Criteria. Submit for Recommended Clinical Review to a parts. - - S2120 Low Density Lipoprotein(Ldi) Policy Criteria. Submit for Recommended Clinical Review to a parts. -	Q4139	Annity 1 Square Chi		-	-	
SMB10 Protorerative kernetedomy Not subject to pre-service review, - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
S1001 Deluxe item Unlisted: Procedure/service not specifically defined or S1002 Custom item classified, maybe subject to contract/clinical review - - S1002 Custom item classified, maybe subject to contract/clinical review - - S1003 Annioband 1 mg MP Criteria: Procedure/service strewed against Medical - Q4168 Annioband 1 mg Policy Criteria. Submit for Recommended Clinical Review to _ _ _ Q4185 Epifix 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to _ _ _ Q4186 Epifix 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to _ _ _ Q4187 Epicord 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to _ _ _ Q4187 Epicord 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to _ _ _ S2117 Arthroereisis subtalar BUV. Procedure/service not reviewed against Medical _ _ S2120 Low Density Lipoprotein(Ld) Policy Criteria. Submit for Recommended Clinical Review to _ _ _ S2120 Low Density Lipoprotein(Ld) Policy Criteria. Submit for Recommended Clinical Review to _ _ _ S2120 Low Density Lipoprotein(Ld) Policy Criteria. Submit for R	S0810	Photorefractive keratectomy	· · ·	_	_	
S1001 Debuse term classified, maybe subject to construct/dinical review. - - - S1002 Custom item United: Procedure/service not specifically defined or - - Q4168 Annioband 1 mg Policy Criteria Subinit for Recommended Clinical Review to						
S1002 Custom item Unisted: Procedure/service applicatily defined or S2002 Custom item MP Criterial: Procedure/service relevand against Medical	S1001	Deluxe item		_	_	
S1002 Custom item classified, maybe subject to price review of against Medical - - - Q4168 Amnioband 1 mg Policy Criteria: Submit for Recommended Clinical Review to						
Q4168 Amnioband 1 mg Policy Criteria. Submit for Recommended Clinical Review to	S1002	Custom item		_	_	
Q4188 Amnioband 1 mg Policy Criteria. Submit for Recommended Clinical Review to						
Q4186 Epifix 1 sq cm MP Criteria: Submit for Recommended Clinical Review to	0.4160	Americahand 1 ma				
Q4186 Eplifx 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to	Q4168	Amnioband 1 mg		-	_	
Q4186 Epifx 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to						
Available of the service review by BCS. Available of the service review by BCS. Q4187 Epicord 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to	0.4196					
Q4187 Epicord 1 sq cm MP Criteria: Procedures/services reviewed against Medical Q4187 Epicord 1 sq cm Policy Criteria: Submit for Recommended Clinical Review to	Q4186	Epifix 1 sq cm		-	_	
Q4187 Epicord 1 sq cm Policy Criteria. Submit for Recommended Clinical Review to						
S2117 Arthrosereisis subtalar Subject to pre-service review. Check EIU policy, which is	0.44.07					
S2117 Arthroereisis subtalar EIU: Procedure/service not reimbursed by the Plan. Not S2117 Arthroereisis subtalar subject to pre-service review. Check EIU policy, which is	Q4187	Epicord 1 sq cm		-	_	
S2117 Arthroereisis subtalar subject to pre-service review. Check EIU policy, which is						
Sector 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. 9/18/2023 - S2300 Arthroscopy shoulder surgi subject to pre-service review. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). - S2409 Fetal surg noc Unlisted: Procedure/service neview. Check EU policy, which is one of our Clinical Payment and Coding Policy (CPCP). - S2409 Fetal surg noc Classified, maybe subject to contract/clinical review. - OS124 Inj. byooviz 0.1 mg Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. - MP Criteria: Procedure/service neviewed against Medical - - OS128 Inj. byooviz 0.1 mg Policy Criteria: Procedure/service reviewed against Medical 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 review. -	69447					
S2120 Low Density Lipoprotein(Ldl) MP Criteria: Procedure/service reviewed against Medical ovid post-service review. Prior Authorization may be- required per contract agreement. 9/18/2023 - - S2300 Arthroscopy shoulder surgi EIU: Procedure/service not reinbursed by the Plan. Not one of our Clinical Review to one of our Clinical Review to cubiect to pre-service review. Check EIU policy, which is one of our Clinical Review to classified, maybe subject to contract/clinical review. - - - S2409 Fetal surg noc Unlisted: Procedure/service not specifically defined or vavid post-service review. - - - OS124 Inj. byooviz 0.1 mg Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review. - - - OS128 Inj cimerli 0.1 mg Non Covered: Procedure/service review. 6/1/2023 - - S3600 Stat lab home/nf Non Covered: Procedure/service review. - - - S3601 Stat lab home/nf Not subject to pre-service review. - - - -	52117	Arthroereisis subtalar		-	-	
S2120 Low Density Lipoprotein(Ldl) Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be- required per contract agreement. 9/18/2023 - - S2300 Arthroscopy shoulder surgi EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EUI policy, which is one of our Clinical Payment and Coding Policy (CPCP). - - - S2409 Petal surg noc Classified, maybe subject to contract/clinical review. - - - Q5124 Inj. byooviz 0.1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. - - - - Q5128 Inj cimerli 0.1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
S1120 Low Density Lipoprotein(Ldi) avoid post-service review. Prior Authorization may be required per contract agreement. 9/18/2023						
avoid post-service review. Here Authorization may be- required per contract agreement. S2300 Arthroscopy shoulder surgi EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	S2120	Low Density Lipoprotein(Ldl)				
S2300 Arthroscopy shoulder surgi EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is		, , , , , ,	avoid post-service review. Prior Authorization may be-	-	—	
S2300 Arthroscopy shoulder surgi subject to pre-service review. Check EIU policy, which is			· · · ·			
Stat lab home/nf Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 6/1/2023						
S2409 Fetal surg noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - Q5124 Inj. byooviz 0.1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical -	S2300	Arthroscopy shoulder surgi		-	_	
S2409 Fetal surg noc classified, maybe subject to contract/clinical review. - - - Q5124 Inj. byooviz 0.1 mg MP Criteria: Procedure/service reviewed against Medical avoid post-service reviewed.			· · · · · ·			
Classified, maybe subject to contract/clinical review. - - -	S2409	Fetal surg noc				
Q5124 Inj. byooviz 0.1 mg Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.				-	-	
avoid post-service review.						
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	Q5124	Inj. byooviz 0.1 mg		_	_	
Policy Criteria. Submit for Recommended Clinical Review to						
Q5128 Inj cimerli 0.1 mg 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. - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - -						
S3600 Stat lab Non Covered: Procedure/service not covered by the Plan. - - - S3601 Stat lab home/nf Non Covered: Procedure/service not covered by the Plan. - - - - Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. - - - -			•		_	
S3600 Stat lab 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. - - -	Q5128	Inj cimerli 0.1 mg				
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. - - -	\$3600	Stat lab				
S3601 Stat lab home/nf Not subject to pre-service review				-	_	
Not subject to pre-service review.	S3601	Stat lab home/nf				
EIU: Procedure/service not reimbursed by the Plan. Not				-	—	
			EIU: Procedure/service not reimbursed by the Plan. Not			
S3650 Saliva test hormone level; subject to pre-service review. Check EIU policy, which is	S3650	Saliva test hormone level;	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		
S3652	Saliva test hormone level;	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		
\$3900	Surface EMG	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.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
S0013	Esketamine nasal spray	Policy Criteria. Submit for Recommended Clinical Review to $_$	_	-
		avoid post-service 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.		
		MP Criteria: Procedure/service reviewed against Medical		
S1091	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.		
				Moved from PA to
S2112	Knee arthroscp harv	MP Criteria: Procedure/service reviewed against Medical		Recommended Clinical Review
52112		Policy Criteria. Submit for Recommended Clinical Review to $-$	-	01/01/2024
		avoid post-service review.		
	Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical		
S2118		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 9/18/2023		
32140		avoid post-service review. Prior Authorization may be-	-	-
		required per contract agreement.		
S4990	Nicotine patch legend	Non Covered: Procedure/service not covered by the Plan.		
54550	Nicotine paternegenu	Not subject to pre-service review.	-	-
S4991	Nicotine patch nonlegend	Non Covered: Procedure/service not covered by the Plan.		
34331	Nicotine pateri noniegenu	Not subject to pre-service review.	-	-
\$4005	Smoking costation gum	Non Covered: Procedure/service not covered by the Plan.		
S4995	Smoking cessation gum		-	-
		Non Covered: Procedure/service not covered by the Plan.	_	-
S4995 S5035	Smoking cessation gum Hit Routine Device Maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
S5035	Hit Routine Device Maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan.	-	-
		Non Covered: Procedure/service 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.		-
S5035 S5036	Hit Routine Device Maint Hit Device Repair	Non Covered: Procedure/service 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. To subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	-	-
S5035	Hit Routine Device Maint	Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. -		- - -
\$5035 \$5036 \$5100	Hit Routine Device Maint Hit Device Repair Adult daycare services 15min	Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. -	- - -	- - -
S5035 S5036	Hit Routine Device Maint Hit Device Repair	Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. -	- - - -	- - - -
\$5035 \$5036 \$5100	Hit Routine Device Maint Hit Device Repair Adult daycare services 15min	Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Not subject to pre-service review. - Not subject to pre-service review. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. - Non Covered: Procedure/service not covered by the Plan. -	- - - -	- - - -

S5105 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - S5108 Homecare train pt 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - S5109 Homecare train pt session Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - S5109 Homecare train pt session Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - -	
S5108 Homecare train pt 15 min Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - S5109 Homecare train pt session Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - -	
S5108 Homecare train pt 15 min 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. - - -	
S5109 Homecare train pt session Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. – – – –	
S5109 Homecare train pt session Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
Non Covered: Procedure/service not covered by the Plan.	
NOT COVERED A Procedure/service not covered by the Plan.	
S5110 Family homecare training 15m	
Not subject to pre-service review.	
S5111 Family homecare train/sessio Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
Nonfamily homecare train/15m	
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. - - - Scr120 Non Covered: Procedure/service not covered by the Plan.	
S5120 Chore services per 15 min	
Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
S5121 Chore services per diem	
Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
S5125 Attendant care service /15m	
Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
S5126 Attendant care service /diem	
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.	
S5135 Adult companioncare per 15m Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
S5136 Adult companioncare per diem Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
S5140 Adult toster care per diem	
Not subject to pre-service review.	
S5141 Adult foster care per month Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
S5145 Unild fostercare th per diem	
Not subject to pre-service review. - - - Non Covered: Procedure/service not covered by the Plan.	
S5146 Ther fostercare child /month Non Covered: Procedure/service not covered by the Plan.	
Not subject to pre-service review.	
SS140 The fostercare child / month Not subject to pre-service review. - - - S5150 Unskilled respite care /15m Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - -	

S151 Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5160 Emer response sys instal&tst Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5161 Emer rspns sys serv permonth Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5162 Emer rspns system purchase Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5165 Home modifications per serv Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5165 Home modifications per serv Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5165 Home modifications per serv Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5170 Homedelivered prepared meal Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5175 Laundry serv ext prof /order Non Covered: Procedure/service not covered by the Plan. Image: Covered: Procedure/service not covered by the Plan. S5185
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. - - - 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. - - - S5185 Med reminder serv per month Non Cove
S5160 Emer response sys instal&tst 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. - - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - -
SS161 Emer rspns system purchase Not subject to pre-service review. - - - - SS162 Emer rspns system purchase Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - SS163 Home modifications per serv Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - - SS170 Homedelivered prepared meal Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. -
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. - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. -
SS162 Emer rspns system purchase Not subject to pre-service review. - - - SS165 Home modifications per serv Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - SS170 Homedelivered prepared meal Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - SS175 Laundry serv ext prof /order Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - SS181 HH respiratory thrpy nos/day Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - SS185 Med reminder serv per month 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. - - - 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. - - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - -
SS165 Home modifications per serv 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. - - S5185 Med reminder serv per month 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. - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - -
SS170 Homedelivered prepared meal 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. - - - S5185 Med reminder serv per month 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. - - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - -
S51/5 Laundry servext prof /order 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. - - - S5185 Med reminder serv per month 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. - - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - - -
S5181 HH respiratory thrpy nos/day Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan. - -
S5181 HH respiratory thrpy nos/day classified, maybe subject to contract/clinical review. - - S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan.
S5185 Med reminder serv per month Non Covered: Procedure/service not covered by the Plan.
S5185 Med reminder serv per month
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 specifically
defined or classified, maybe subject to contract/clinical
review.
S5497 HIT cath care noc Unlisted: Procedure/service not specifically defined or
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 to 9/18/2023
avoid post-service review. Prior Authorization may be-
required per contract agreement.
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
one of our Clinical Payment and Coding Policy (CPCP).
Unlisted: Procedure/service not specifically defined or
S8189 Trach supply noc classified, maybe subject to contract/clinical review
Non Covered: Procedure/service not covered by the Plan.
S8270 Enuresis alarm
S8270 Enuresis alarm Not subject to pre-service review. – – – –
S8270 Enuresis alarm Not subject to pre-service review. - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or - - -
S8270 Enuresis alarm Not subject to pre-service review. - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - -
S8270 Enuresis alarm Not subject to pre-service review. - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - S8460 Camisole post-mast Non Covered: Procedure/service not covered by the Plan. - - -
S8270 Enuresis alarm Not subject to pre-service review. - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - S8460 Camisole post-mast Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - -
S8270 Enuresis alarm Not subject to pre-service review. - - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - S8460 Camisole post-mast Not subject to pre-service review. - - - MP Criteria: Procedure/service net service reviewed against Medical - - -
S8270 Enuresis alarm Not subject to pre-service review. - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - S8460 Camisole post-mast Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - - - S2150 BMT harv/transpl 28d pkg Policy Criteria. Submit for Recommended Clinical Review to Policy Criteria. 9/18/2023
S8270 Enuresis alarm Not subject to pre-service review. - - - - S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. - - - - - S8460 Camisole post-mast Non Covered: Procedure/service not covered by the Plan. - - - - MP Criteria: Procedure/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
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
S2202	Echosclerotherapy	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
S8990	Pt or manip for maint	Non Covered: Procedure/service not covered by the Plan.
36330		Not subject to pre-service review.
		EIU: Procedure/service not reimbursed by the Plan. Not
S9001	Home uterine monitor with or	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
S9056	Coma stimulation per diem	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
S9090	Vertebral axial decompressio	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
S2230	Implant semi-imp hear	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
60435	Describe serve in the horses of	Non Covered: Procedure/service not covered by the Plan.
S9125	Respite care in the home p	Not subject to pre-service review.
		MP Criteria: Procedures/services reviewed against Medical
S2235	Implant auditory brain imp	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
60270		Unlisted: Procedure/service not specifically defined or
\$9379	HIT noc per diem	classified, maybe subject to contract/clinical review.
60204	tur bisk stal (see a	Non Covered: Procedure/service not covered by the Plan.
\$9381	HIT high risk/escort	Not subject to pre-service review.
60426	to use along	Non Covered: Procedure/service not covered by the Plan.
\$9436	Lamaze class	Not subject to pre-service review.
co		Non Covered: Procedure/service not covered by the Plan.
S9437	Childbirth refresher class	Not subject to pre-service review.
60.420	Constant bladt all	Non Covered: Procedure/service not covered by the Plan.
S9438	Cesarean birth class	Not subject to pre-service review.
60.420		Non Covered: Procedure/service not covered by the Plan.
S9439	VBAC class	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
S9442	Birthing class	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
S9444	Parenting class	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

		Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
S9446	PT education noc group	Unlisted or Undefined: Procedures/services not specifically	-	-	-
		defined or classified, maybe subject to contract/clinical			
		review.			
\$9447	Infant safety class	Non Covered: Procedure/service not covered by the Plan.			
55447		Not subject to pre-service review.	-	-	-
\$9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan.			
39449		Not subject to pre-service review.	-	-	-
\$9451	Exercise class	Non Covered: Procedure/service not covered by the Plan.			
39431	Exercise class	Not subject to pre-service review.	-	-	-
50454	Characterization of the second s	Non Covered: Procedure/service not covered by the Plan.			
\$9454	Stress mgmt class	Not subject to pre-service review.	-	-	-
		MP Criteria: Procedures/services reviewed against Medical			
S2411	Fetoscop laser ther TTTS	Policy Criteria. Submit for Recommended Clinical Review to			
-	······	avoid post-service review by BCBS.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
\$9482	Family stabilization 15 min	Not subject to pre-service review.	_	-	_
		Unlisted: Procedure/service not specifically defined or			
S9542	HT inj noc per diem	classified, maybe subject to contract/clinical review.	_	_	_
	Surgical Techniques Requiring Use Of Robotic Surgical	MP Criteria: Procedures/services reviewed against Medical			
		_			
	System (List Separately In Addition To Code For Primary	Policy Criteria. Submit for Recommended Clinical Review to	-	-	_
	Procedure)	avoid post-service review by BCBS.			
6 4 9 2 2		MP Criteria: Procedures/services reviewed against Medical			
S4023	Incompl donor egg case rate	Policy Criteria. Submit for Recommended Clinical Review to	_	-	_
		avoid post-service review by BCBS.			
S9810	HT pharm per hour	Unlisted: Procedure/service not specifically defined or			
	r · r · ·	classified, maybe subject to contract/clinical review.	_	-	_
\$9900	Christian Sci Pract visit	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-	-	
\$9970	Health club membership yr	Non Covered: Procedure/service not covered by the Plan.			
55576	Thealth club membership yr	Not subject to pre-service review.	_	-	-
\$9975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the Plan.			
33373		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.			
\$9977	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 Plan.			
\$9981	Med record copy admin	Not subject to pre-service review.	_	_	_
		NOT SUBJECT TO DIE-SELVICE LEVIEW.			

\$9982	Med record copy per page	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
\$9986	Not medically necessary svc	Non Covered: Procedure/service not covered by the Plan.			_
		Not subject to pre-service review.	-	-	_
S9988	Serv part of phase I trial	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	-	-	-
S9990	Services provided as part of	Non Covered: Procedure/service not covered by the Plan.			
33330	Services provided as part of	Not subject to pre-service review.	-	-	-
\$9991	Convisors provided as part of	Non Covered: Procedure/service not covered by the Plan.			
29991	Services provided as part of	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
S9992	Transportation costs to and	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
\$9994	Lodging costs (e.g. hotel ch	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
\$9996	Meals for clinical trial par	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
\$9999	Sales tax		_	_	_
		Not subject to pre-service review.			
T1014	Telehealth transmit per min	Non Covered: Procedure/service not covered by the Plan.			
	·	Not subject to pre-service review.	-	-	_
T1505	Elec med comp dev noc	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	-
T1999	NOC retail items and supplies	Unlisted: Procedure/service not specifically defined or			
11555	Noe retail items and supplies	classified, maybe subject to contract/clinical review.	-	-	-
T2012	Habil ed waiver per diem	Unlisted: Procedure/service not specifically defined or			
12012	Habil eu walver 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.			
T2017	Habil res waiver 15 min	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	_
T2018	Habil sup empl waiver/diem	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	-
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or			
12013		classified, maybe subject to contract/clinical review.	-	-	-
T2020	Day babil waiyar par diam	Unlisted: Procedure/service not specifically defined or			
12020	Day habil waiver per diem	classified, maybe subject to contract/clinical review.	-	-	-
70004		Unlisted: Procedure/service not specifically defined or			
T2021	Day habil waiver per 15 min	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
T2024	Serv asmnt/care plan waiver	classified, maybe subject to contract/clinical review.	-	-	-
		dassined, maybe subject to contract/clinical TEVIEW.			

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			
12020		classified, maybe subject to contract/clinical review.	-	-	-
T2027	Spec childcare waiver 15 min	Unlisted: Procedure/service not specifically defined or			
12027	Spec childcare waiver 15 min	classified, maybe subject to contract/clinical review.	-	-	-
T 2020	Constitution of the second second	Unlisted: Procedure/service not specifically defined or			
Т2028	Special supply nos waiver	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
Т2029	Special med equip noswaiver	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
Т2030	Assist living waiver/month	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
T2031	Assist living waiver/diem	classified, maybe subject to contract/clinical review.	_	-	_
		Unlisted: Procedure/service not specifically defined or			
T2032	Res care nos waiver/month	classified, maybe subject to contract/clinical review.	_	_	_
T2033	Res nos waiver per diem	Unlisted: Procedure/service not specifically defined or	_	_	
	·	classified, maybe subject to contract/clinical review.			
T2034	Crisis interven waiver/diem	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	-	-	-
T2035	Utility services waiver	Unlisted: Procedure/service not specifically defined or			
12000		classified, maybe subject to contract/clinical review.	-	-	-
T2036	Camp overnite waiver/session	Unlisted: Procedure/service not specifically defined or			
12030	camp overnite waiver/session	classified, maybe subject to contract/clinical review.	-	-	-
T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or			
12037	Camp day waiver/session	classified, maybe subject to contract/clinical review.	-	-	-
T 2020		Unlisted: Procedure/service not specifically defined or			
Т2038	Comm trans waiver/service	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
Т2039	Vehicle mod waiver/service	classified, maybe subject to contract/clinical review.	-	-	-
		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 Plan.			
T2101	Breast milk proc/store/dist		_	_	_
		Not subject to pre-service review.			
Т5999	Supply nos	Unlisted: Procedure/service not specifically defined or			_
		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			
		classified, maybe subject to contract/clinical review.	-	-	-
V2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or			
V2JJJ	contact lensy es other type	classified, maybe subject to contract/clinical review.	-	-	-
V2620	Drasthatia ava athar tura	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 Plan.			
V2702	Deluxe lens feature	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
V2744	Tint photochromatic lens/es	Not subject to pre-service review.	-	-	-
		MP Criteria: Procedures/services reviewed against Medical			
S4025	Donor serv IVF case rate	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	-	-	-
		MP Criteria: Procedures/services reviewed against Medical			
S4026	Procure donor sperm	Policy Criteria. Submit for Recommended Clinical Review to			
	·····	avoid post-service review by BCBS.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
V2799	Misc vision item or service	Unlisted or Undefined: Procedures/services not specifically			
		defined or classified, maybe subject to contract/clinical			_
		review.			
1/5000		Unlisted: Procedure/service not specifically defined or			
V5090	Hearing aid dispensing fee	classified, maybe subject to contract/clinical review.	-	-	-
		MP Criteria: Procedures/services reviewed against Medical			
S4027	Store prev froz embryos	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
	. ,	avoid post-service review by BCBS.			
VE267		Unlisted: Procedure/service not specifically defined or			
V5267	Hearing aid sup/access/dev	classified, maybe subject to contract/clinical review.		-	-
VE274	ALD unspecified	Unlisted: Procedure/service not specifically defined or			
V5274	ALD unspecified	classified, maybe subject to contract/clinical review.		-	-
1/5297	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or			
V5287	Ald fm/dm receiver NOS	classified, maybe subject to contract/clinical review.	-	-	-
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or			
VJZJO	Hearing aid noc	classified, maybe subject to contract/clinical review.		-	-
V5299	Hearing service	Unlisted: Procedure/service not specifically defined or			
vJ233	Hearing service	classified, maybe subject to contract/clinical review.	-	-	-
		MP Criteria: Procedures/services reviewed against Medical			
S4030	Sperm procure init visit	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
S4031	Sperm procure subs visit	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
S4040	Monit store cryo embryo 30 d	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
S8035	Magnetic source imaging	Policy Criteria. Submit for Recommended Clinical Review to	-	-	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
S8930	Auricular electrostimulation	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review by BCBS.			
		and a post control review by bebbi			

		MP Criteria: Procedures/services reviewed against Medical				
S8948	Low-level laser trmt 15 min	Policy Criteria. Submit for Recommended Clinical Review to				
50540		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S9117	Back school visit	Policy Criteria. Submit for Recommended Clinical Review to				
00117		avoid post-service review by BCBS.		_	-	
		MP Criteria: Procedures/services reviewed against Medical				
S9335	HT hemodialysis diem	Policy Criteria. Submit for Recommended Clinical Review to				
55555		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S9472	Cardiac rehabilitation progr	Policy Criteria. Submit for Recommended Clinical Review to				
55472		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S9558	HT inj growth horm diem	Policy Criteria. Submit for Recommended Clinical Review to _				
55556		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S9562	HT inj palivizumab diem	Policy Criteria. Submit for Recommended Clinical Review to				
39302		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
V2787	Astigmatism-correct function	Policy Criteria. Submit for Recommended Clinical Review to				
VZ/8/	Asigmatism-correct function			-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
V2788	Drachyania correct function					
VZ/88	Presbyopia-correct function	Policy Criteria. Submit for Recommended Clinical Review to _		-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
	Implant mid oor booring proc					
V5095	Implant mid ear hearing pros	Policy Criteria. Submit for Recommended Clinical Review to _		-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
VF2C2	Create Constraint					
V5362	Speech Screening	Policy Criteria. Submit for Recommended Clinical Review to _		-	-	
		avoid post-service review by BCBS.				
15262		MP Criteria: Procedures/services reviewed against Medical				
V5363	Language Screening	Policy Criteria. Submit for Recommended Clinical Review to _		-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0388U	Onc Nonsm Cll Lng Ca 37 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0389U	Ped Fbrl Kd Ifi27&Mcemp1 Rna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0391U	Onc Sld Tum Dna&Rna 437 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0392U	Rx Metab Genrx la 16 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0396U	Ob Preimpltj Tst 300000 Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				

0397U	Onc Nonsm Cll Lng Ca 109	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	9/30/2023	Retire effective 09/30/2023
0400U	Ob Xpnd Car Scr 145 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
0401U	Crd C Hrt Ds 9 Gen 12 Vrnts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
27280	Arthr Si Jt Opn B1Grf Instrm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
79005	Nuclear Rx Oral Admin	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
70450	Ct Head/Brain W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
70460	Ct Head/Brain W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
70470	Ct Head/Brain W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
70480	Ct Orbit/Ear/Fossa W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
70481	Ct Orbit/Ear/Fossa W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
70482	Ct Orbit/Ear/Fossa W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
70486	Ct Maxillofacial W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
70487	Ct Maxillofacial W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
70488	Ct Maxillofacial W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-

	MP Criteria: Procedures/services reviewed against Medical			
70490 Ct Soft Tissue Neck W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical			
70491 Ct Soft Tissue Neck W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical			
70492 Ct Sft Tsue Nck W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical			
70496 Ct Angiography Head	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical			
70498 Ct Angiography Neck	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical			
70540 Mri Orbit/Face/Neck W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	avoid post-service review by BCBS.		-	_
	MP Criteria: Procedures/services reviewed against Medical			
70542 Mri Orbit/Face/Neck W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.		-	-
	MP Criteria: Procedures/services reviewed against Medical			
70543 Mri Orbt/Fac/Nck W/O &W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.	-, -,	-	_
	MP Criteria: Procedures/services reviewed against Medical			
70544 Mr Angiography Head W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.	-,,	-	-
	MP Criteria: Procedures/services reviewed against Medical			
70545 Mr Angiography Head W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.	5, 20, 2020	-	-
	MP Criteria: Procedures/services reviewed against Medical			
70546 Mr Angiograph Head W/O&W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.	5, 10, 2025	-	-
	MP Criteria: Procedures/services reviewed against Medical			
70547 Mr Angiography Neck W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	avoid post-service review by BCBS.	5/ 10/ 2025	-	_
	MP Criteria: Procedures/services reviewed against Medical			
70548 Mr Angiography Neck W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
100-TO INI ANGIOGI APITY NECK W/DYE	avoid post-service review by BCBS.	5/ 10/ 2023	-	_
	MP Criteria: Procedures/services reviewed against Medical			
70549 Mr Angiograph Neck W/O&W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
10345 WI Allgiograph Neck W/O&W/Dye		5/10/2023	-	_
	avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical			
70551 Mri Brain Stem W/O Dve		0/10/2022		
70551 Mri Brain Stem W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
	avoid post-service review by BCBS.			
	MP Criteria: Procedures/services reviewed against Medical	0/10/2022		
70552 Mri Brain Stem W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
	avoid post-service review by BCBS.			

70553	Mri Brain Stem W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
70554	Fmri Brain By Tech	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
70555	Fmri Brain By Phys/Psych	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
71250	Ct Thorax Dx C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
71260	Ct Thorax Dx C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-	
71270	Ct Thorax Dx C-/C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
71271	Ct Thorax Lung Cancer Scr C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
71275	Ct Angiography Chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
71550	Mri Chest W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	
71551	Mri Chest W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-	
71552	Mri Chest W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
71555	Mri Angio Chest W Or W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
72125	Ct Neck Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
72126	Ct Neck Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
72127	Ct Neck Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
72128	Ct Chest Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	

79499		MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
72129	Ct Chest Spine W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72130	Ct Chest Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72131	Ct Lumbar Spine W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72132	Ct Lumbar Spine W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72133	Ct Lumbar Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72141	Mri Neck Spine W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
72142	Mri Neck Spine W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
72146	Mri Chest Spine W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
72147	Mri Chest Spine W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
, , ,		avoid post-service review by BCBS.	571072025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
72148	Mri Lumbar Spine W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
72140	win Euribal Spine w/o bye	avoid post-service review by BCBS.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
72149	Mri Lumbar Sping W/Dvg	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
72149	Mri Lumbar Spine W/Dye		9/18/2023	-	_	
		avoid post-service review by BCBS.				
72456		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
72156	Mri Neck Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72157	Mri Chest Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72158	Mri Lumbar Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72159	Mr Angio Spine W/O&W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72191	Ct Angiograph Pelv W/O&W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				

72192	Ct Pelvis W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
72193	Ct Pelvis W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	
72194	Ct Pelvis W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	
72195	Mri Pelvis W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-	
72196	Mri Pelvis W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	
72197	Mri Pelvis W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	
72198	Mr Angio Pelvis W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	
73200	Ct Upper Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
73201	Ct Upper Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-	
73202	Ct Uppr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_	

73206	Ct Angio Upr Extrm W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
73218	Mri Upper Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73219	Mri Upper Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73220	Mri Uppr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73221	Mri Joint Upr Extrem W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73222	Mri Joint Upr Extrem W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73223	Mri Joint Upr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73225	Mr Angio Upr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73700	Ct Lower Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73701	Ct Lower Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73702	Ct Lwr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73706	Ct Angio Lwr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. IMP Criteria. Procedures/services reviewed against inedical	9/18/2023	_	-
73718	Mri Lower Extremity W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
73719	Mri Lower Extremity W/Dye	N/P ⁱ drReffa: PrócedôrésysbivRCBS eviewed against inedical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_

73720	Mri Lwr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
73721	Mri Jnt Of Lwr Extre W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
73722	Mri Joint Of Lwr Extr W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73723	Mri Joint Lwr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
73725	Mr Ang Lwr Ext W Or W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
74150	Ct Abdomen W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_
74160	Ct Abdomen W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74170	Ct Abdomen W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74174	Ct Angio Abd&Pelv W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74175	Ct Angio Abdom W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74176	Ct Abd & Pelvis W/O Contrast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74177	Ct Abd & Pelv W/Contrast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
74178	Ct Abd & Pelv 1/> Regns	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-

		MP Criteria: Procedures/services reviewed against Medical				
74181	Mri Abdomen W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
74182	Mri Abdomen W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
74183	Mri Abdomen W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
74185	Mri Angio Abdom W Orw/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
74261	Ct Colonography Dx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
74262	Ct Colonography Dx W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		-	_	l
		MP Criteria: Procedures/services reviewed against Medical				
74263	Ct Colonography Screening	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
		avoid post-service review by BCBS.	-, -,	-	_	l
		MP Criteria: Procedures/services reviewed against Medical				
74712	Mri Fetal Sngl/1St Gestation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
		avoid post-service review by BCBS.	-,,	-	-	l
		MP Criteria: Procedures/services reviewed against Medical				
74713	Mri Fetal Ea Addl Gestation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	5, 20, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
75635	Ct Angio Abdominal Arteries	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
/ 5055	et Algio Abuolinia Alteries	avoid post-service review by BCBS.	5/10/2025	-	-	l
		MP Criteria: Procedures/services reviewed against Medical				
76376	3D Render W/Intrp Postproces	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
/05/0	SD Kender W/Intip Postproces	•	9/10/2025	-	_	l
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
76377	2D Dondor W/Intro Dostarooos		0/10/2022			l
/63//	3D Render W/Intrp Postproces	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	l
		avoid post-service review by BCBS.				
76200		MP Criteria: Procedures/services reviewed against Medical	0 / 10 / 2022			
76380	Cat Scan Follow-Up Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
76200		MP Criteria: Procedures/services reviewed against Medical	0/10/2000			l
76390	Mr Spectroscopy	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	l
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical	- 4			l
76391	Mr Elastography	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	l
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				l
77046	Mri Breast C- Unilateral	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	l
		avoid post-service review by BCBS.				

77047	Mri Breast C- Bilateral	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
-		avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
77048	Mri Breast C-+ W/Cad Uni	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
77049	Mri Breast C-+ W/Cad Bi	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
77078	Ct Bone Density Axial	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
77084	Magnetic Image Bone Marrow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78012	Thyroid Uptake Measurement	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
78013	Thyroid Imaging W/Blood Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
78014	Thyroid Imaging W/Blood Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78015	Thyroid Met Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78016	Thyroid Met Imaging/Studies	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78018	Thyroid Met Imaging Body	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78020	Thyroid Met Uptake	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, , <u>,</u>	avoid post-service review by BCBS.		_	-	
		MP Criteria: Procedures/services reviewed against Medical				
78070	Parathyroid Planar Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78071	Parathyrd Planar W/Wo Subtrj	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
-	· · · , · · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78072	Parathyrd Planar W/Spect&Ct	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	-,,0	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78075	Adrenal Cortex & Medulla Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	5, 20, 2025	-	-	

78102 Bone Marrow Imaging Ltd Policy Criteria: Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023	
avoid post-service review by BCBS. 78103 Bone Marrow Imaging Mult Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023	
78103 Bone Marrow Imaging Mult Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023 78104 Bone Marrow Imaging Body Policy Criteria. Submit for Recommended Clinical Review to avoid post-services reviewed against Medical 9/18/2023 78105 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to avoid post-services reviewed against Medical 9/18/2023 78105 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to avoid post-services reviewed against Medical 9/18/2023	
78103 Bone Marrow Imaging Mult Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	
avoid post-service review by BCBS.	
78104 Bone Marrow Imaging Body MP Criteria: Procedures/services reviewed against Medical 78104 Bone Marrow Imaging Body Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023 78185 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to against Medical 9/18/2023 78105 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023	
78104 Bone Marrow Imaging Body Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023 78185 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023 78105 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS. 9/18/2023	
avoid post-service review by BCBS.	
78185 Spleen Imaging MP Criteria: Procedures/services reviewed against Medical 78185 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
78185 Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 avoid post-service review by BCBS.	
avoid post-service review by BCBS.	1
MP Criteria: Procedures/services reviewed against Medical	
78195 Lymph System Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78201 Liver Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78202 Liver Imaging With Flow Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78215 Liver And Spleen Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78216 Liver & Spleen Image/Flow Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78226 Hepatobiliary System Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78227 Hepatobil Syst Image W/Drug Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78230 Salivary Gland Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical	
78231 Serial Salivary Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78232 Salivary Gland Function Exam Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78258 Esophageal Motility Study Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
78261 Gastric Mucosa Imaging Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 _	
avoid post-service review by BCBS.	1

702.02		MP Criteria: Procedures/services reviewed against Medical	0/10/2020			
78262	Gastroesophageal Reflux Exam	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78264	Gastric Emptying Imag Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78265	Gastric Emptying Imag Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78266	Gastric Emptying Imag Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78278	Acute Gi Blood Loss Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78290	Meckels Divert Exam	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78291	Leveen/Shunt Patency Exam	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, ,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78300	Bone Imaging Limited Area	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78305	Bone Imaging Multiple Areas	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	3, 10, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78306	Bone Imaging Whole Body	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
10300	bolie inaging whole body	avoid post-service review by BCBS.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78315	Bone Imaging 3 Phase	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70515	Bolle Illiaging 5 Pliase	•	9/10/2025	-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
78445	Vaccular Flow Imaging		0/10/2022			
/0440	Vascular Flow Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
70450		MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
78456	Acute Venous Thrombus Image	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
70.457		MP Criteria: Procedures/services reviewed against Medical	0/10/2020			
78457	Venous Thrombosis Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical	- 4			
78458	Ven Thrombosis Images Bilat	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78579	Lung Ventilation Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
1		avoid post-service review by BCBS.				

705.00	h an Barfaria haari	MP Criteria: Procedures/services reviewed against Medical	0/40/2025		
78580	Lung Perfusion Imaging	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
		MP Criteria: Procedures/services reviewed against Medical			
78582	Lung Ventilat&Perfus Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78597	Lung Perfusion Differential	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78598	Lung Perf&Ventilat Diferentl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78600	Brain Image < 4 Views	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78601	Brain Image W/Flow < 4 Views	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78605	Brain Image 4+ Views	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78606	Brain Image W/Flow 4 + Views	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78608	Brain Imaging (Pet)	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78609	Brain Imaging (Pet)	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78610	Brain Flow Imaging Only	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78630	Cerebrospinal Fluid Scan	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78635	Csf Ventriculography	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78645	Csf Shunt Evaluation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78650	Csf Leakage Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
78660	Nuclear Exam Of Tear Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by BCBS.			

		MP Criteria: Procedures/services reviewed against Medical				
78700	Kidney Imaging Morphol	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78701	Kidney Imaging With Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78707	K Flow/Funct Image W/O Drug	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78708	K Flow/Funct Image W/Drug	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78709	K Flow/Funct Image Multiple	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78725	Kidney Function Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78730	Urinary Bladder Retention	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
	,	avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78740	Ureteral Reflux Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
		avoid post-service review by BCBS.	-, -,	-	—	
		MP Criteria: Procedures/services reviewed against Medical				
78761	Testicular Imaging W/Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
		avoid post-service review by BCBS.	5, 20, 2020	-	-	l
		MP Criteria: Procedures/services reviewed against Medical				
78800	Rp Loclzj Tum 1 Area 1 D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			l
,0000		avoid post-service review by BCBS.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78801	Rp Loclzj Tum 2+Area 1+D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
78801	Rp Locizj Tulli Z+Alea 1+D lilig	avoid post-service review by BCBS.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
78802	Do Looki Tum Whady 1 D Ima	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
70002	Rp Loclzj Tum Whbdy 1 D Img	•	9/18/2023	-	—	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
70000	De Lool-i Ture Coort 1 Area		0/10/2022			l
78803	Rp Loclzj Tum Spect 1 Area	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	l
		avoid post-service review by BCBS.				
70004		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			l
78804	Rp Loclzj Tum Whbdy 2+D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	l
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical	- /			l
78811	Pet Image Ltd Area	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	l
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				l
78812	Pet Image Skull-Thigh	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	l
		avoid post-service review by BCBS.				

		MP Criteria: Procedures/services reviewed against Medical				
78813	Pet Image Full Body	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78814	Pet Image W/Ct Lmtd	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78815	Pet Image W/Ct Skull-Thigh	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78816	Pet Image W/Ct Full Body	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78830	Rp Loclzj Tum Spect W/Ct 1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78831	Rp Loclzj Tum Spect 2 Areas	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78832	Rp Loclzj Tum Spect W/Ct 2	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	p	avoid post-service review by BCBS.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0042T	Ct Perfusion W/Contrast Cbf	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0633T	Ct Breast W/3D Uni C-	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	5, 20, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0634T	Ct Breast W/3D Uni C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00341		avoid post-service review by BCBS.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0635T	Ct Breast W/3D Uni C-/C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00331		avoid post-service review by BCBS.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0636T	Ct Breast W/3D Bi C-	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
00301	Ct Bleast W/SD Bl C-	•	9/18/2023	-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
00277			0/10/2022			
0637T	Ct Breast W/3D Bi C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
00007		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
0638T	Ct Breast W/3D Bi C-/C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0648T	Quan Mr Tis Wo Mri 10rgn	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
0649T	Quan Mr Tiss W/Mri 10rgn	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				

C8900	Mra W/Cont Abd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8901	Mra W/O Cont Abd	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8902	Mra W/O Fol W/Cont Abd	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	- , ,	avoid post-service review by BCBS.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
C8903	Mri W/Cont Breast Uni	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8905	Mri W/O Fol W/Cont Brst Un	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8906	Mri W/Cont Breast Bi	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8908	Mri W/O Fol W/Cont Breast	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8909	Mra W/Cont Chest	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8910	Mra W/O Cont Chest	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8911	Mra W/O Fol W/Cont Chest	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8912	Mra W/Cont Lwr Ext	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8913	Mra W/O Cont Lwr Ext	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8914	Mra W/O Fol W/Cont Lwr Ext	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8918	Mra W/Cont Pelvis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8919	Mra W/O Cont Pelvis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8920	Mra W/O Fol W/Cont Pelvis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				

00004		MP Criteria: Procedures/services reviewed against Medical	0/10/2005			
C8931	Mra W/Dye Spinal Canal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8932	Mra W/O Dye Spinal Canal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8933	Mra W/O&W/Dye Spinal Canal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8934	Mra W/Dye Upper Extremity	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8935	Mra W/O Dye Upper Extr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
C8936	Mra W/O&W/Dye Upper Extr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
G0219	Pet Img Wholbod Melano Nonco	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00210		avoid post-service review by BCBS.	3, 10, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
G0252	Pet Imaging Initial Dx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00232		avoid post-service review by BCBS.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S8037	Mrcp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
50057	Witch		5/16/2025	-	-	
		avoid post-service review by BCBS. MP Criteria: Procedures/services reviewed against Medical				
20120	Revision Of Nose		0/10/2022			
30120	Revision Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
22.02		MP Criteria: Procedures/services reviewed against Medical	0 / 10 / 20 20			
30400	Reconstruction Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical	- 4			
30410	Reconstruction Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
30420	Reconstruction Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
30430	Revision Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
30435	Revision Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
30450	Revision Of Nose	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
-		avoid post-service review by BCBS.	-, -,	-	—	

31296	Nsl/Sins Ndsc Surg Frnt Sins	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_
31297	Nsl/Sins Ndsc Surg Sphn Sins	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
92633	Aud Rehab Postling Hear Loss	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
43647	Lap Impl Electrode Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_
43648	Lap Revise/Remv Eltrd Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
43881	Impl/Redo Electrd Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	-
95980	lo Anal Gast N-Stim Init	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
E0765	Nerve Stimulator For Tx N&V	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_
81120	Idh1 Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_
81121	Idh2 Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	_
81162	Brca1&2 Gen Full Seq Dup/Del	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	_	-
81163	Brca1&2 Gene Full Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	-	_
81164	Brca1&2 Gen Ful Dup/Del Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	-	-
81165	Brca1 Gene Full Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	-	-
81166	Brca1 Gene Full Dup/Del Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	-	_

		MP Criteria: Procedures/services reviewed against Medical				
81167	Brca2 Gene Full Dup/Del Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81168	Ccnd1/Igh Translocation Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81170	Abl1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81171	Aff2 Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81172	Aff2 Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81173	Ar Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81174	Ar Gene Known Famil Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81175	Asxl1 Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81176	Asxl1 Gene Target Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81177	Atn1 Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81178	Atxn1 Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81179	Atxn2 Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81180	Atxn3 Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81181	Atxn7 Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81182	Atxn8Os Gen Detc Abnor Allel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81183	Atxn10 Gene Detc Abnor Allel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	

		MP Criteria: Procedures/services reviewed against Medical				
81184	Cacna1A Gen Detc Abnor Allel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81185	Cacna1A Gene Full Gene Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81186	Cacna1A Gen Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81187	Cnbp Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81188	Cstb Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81189	Cstb Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81190	Cstb Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81191	Ntrk1 Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81192	Ntrk2 Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81193	Ntrk3 Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81194	Ntrk Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81200	Aspa Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81201	Apc Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81202	Apc Gene Known Fam Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	—	
		MP Criteria: Procedures/services reviewed against Medical				
81203	Apc Gene Dup/Delet Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81204	Ar Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
-		avoid post-service review by Carelon.	-, -,	-	-	
		avoid post service review by carcion.				

81205	Daludha Cana	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81205	Bckdhb Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81208	Bcr/Abl1 Gene Other Bp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81209	Blm Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81210	Braf Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81212	Brca1&2 185&5385&6174 Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81215	Brca1 Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81216	Brca2 Gene Full Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81217	Brca2 Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81218	Cebpa Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81219	Calr Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81221	Cftr Gene Known Fam Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81222	Cftr Gene Dup/Delet Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
~		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81223	Cftr Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01223	Citi Generi un sequence	avoid post-service review by Carelon.	5/ 10/ 2025	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81224	Cftr Gene Intron Poly T	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
01224			9/18/2023	-	_	
		avoid post-service review by Carelon.				
01225	Cur2C10 Conc Com Veriente	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81225	Cyp2C19 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	0/10/2020			
81226	Cyp2D6 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
81227	Cyp2C9 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81228	Cytog Alys Chrml Abnr Cgh	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81229	Cytog Alys Chrml Abnr Snpcgh	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81230	Cyp3A4 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81231	Cyp3A5 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81232	Dpyd Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81233	Btk Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81234	Dmpk Gene Detc Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01201		avoid post-service review by Carelon.	3, 10, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81235	Egfr Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01233		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81236	Ezh2 Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01230	Ezhz Gene i un Gene Sequence	•	5/16/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
01227		-	0/10/2022			
81237	Ezh2 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81238	F9 Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81239	Dmpk Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81240	F2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81242	Fancc Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81244	Fmr1 Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
81245	Flt3 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01210		avoid post-service review by Carelon.	5, 20, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81246	Flt3 Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81247	G6Pd Gene Alys Cmn Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01217		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81248	G6Pd Known Familial Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01240		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81249	G6Pd Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01249	Gord I dil Gene Sequence	•	5/16/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
01250			0/10/2022			
81250	G6Pc Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
04054		MP Criteria: Procedures/services reviewed against Medical	0 / 10 / 20 20			
81251	Gba Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81252	Gjb2 Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81253	Gjb2 Gene Known Fam Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81254	Gjb6 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81255	Hexa Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81256	Hfe Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81257	Hba1/Hba2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_		
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81258	Hba1/Hba2 Gene Fam Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · ·	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81259	Hba1/Hba2 Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	······································	avoid post-service review by Carelon.	-,,0	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81260	Ikbkap Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
51200	inorap oche	avoid post-service review by Carelon.	5, 10, 2023	-	-	
		מיטוע אטזנ־שבו זוכב וביופש אץ כמובוטוו.				

		MP Criteria: Procedures/services reviewed against Medical			
81261	Igh Gene Rearrange Amp Meth	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81262	Igh Gene Rearrang Dir Probe	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81263	Igh Vari Regional Mutation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81264	Igk Rearrangeabn Clonal Pop	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81265	Str Markers Specimen Anal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81266	Str Markers Spec Anal Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81269	Hba1/Hba2 Gene Dup/Del Vrnts	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81270	Jak2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81271	Htt Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81272	Kit Gene Targeted Seq Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81273	Kit Gene Analys D816 Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
81274	Htt Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
81275	Kras Gene Variants Exon 3	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -,	-	_
		MP Criteria: Procedures/services reviewed against Medical			
81276	Kras Gene Addl Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
-		avoid post-service review by Carelon.	-, -,	-	_
		MP Criteria: Procedures/services reviewed against Medical			
81277	Cytogenomic Neo Microra Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	- ,	avoid post-service review by Carelon.	-,, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
81278	Igh@/Bcl2 Translocation Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
01270	-BC/DOL HUBBOOKION AND	avoid post-service review by Carelon.	5, 10, 2025	-	_
		avoia post-service review by careion.			

81279	Jak2 Gene Trgt Sequence Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
	5 1 7	avoid post-service review by Carelon.		-	—	
		MP Criteria: Procedures/services reviewed against Medical				
81283	Ifnl3 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81284	Fxn Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81285	Fxn Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81286	Fxn Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81287	Mgmt Gene Prmtr Mthyltn Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81288	Mlh1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81289	Fxn Gene Known Famil Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81290	Mcoln1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81291	Mthfr Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81292	Mlh1 Gene Full Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81293	Mlh1 Gene Known Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81294	Mlh1 Gene Dup/Delete Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81295	Msh2 Gene Full Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81296	Msh2 Gene Known Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81297	Msh2 Gene Dup/Delete Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
81298	Msh6 Gene Full Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81299	Msh6 Gene Known Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81300	Msh6 Gene Dup/Delete Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81301	Microsatellite Instability	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81302	Mecp2 Gene Full Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81303	Mecp2 Gene Known Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81304	Mecp2 Gene Dup/Delet Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81305	Myd88 Gene P.Leu265Pro Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81306	Nudt15 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81307	Palb2 Gene Full Gene Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01007		avoid post-service review by Carelon.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
81308	Palb2 Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01300		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81309	Pik3Ca Gene Trgt Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01303	i insta delle figt sey Alys	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81310	Nam1 Cono		0/10/2022			
01210	Npm1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
81311	Nras Gono Varianta Evan 284		0/10/2022			
11511	Nras Gene Variants Exon 2&4	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
04242		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
81312	Pabpn1 Gene Detc Abnor Allel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81313	Pca3/Klk3 Antigen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				

01214	Defen Conc	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81314	Pdgfra Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
81315	Dml/Daralaha Com Braaknainta		0/10/2022			
81312	Pml/Raralpha Com Breakpoints	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
01210	Dual/Davalaha 1 Duashussint	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81316	Pml/Raralpha 1 Breakpoint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
81317	Dreed Cone Full Con Analysia	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81317	Pms2 Gene Full Seq Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
04240		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
81318	Pms2 Known Familial Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
01210		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
81319	Pms2 Gene Dup/Delet Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81320	Plcg2 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81321	Pten Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81322	Pten Gene Known Fam Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81323	Pten Gene Dup/Delet Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81324	Pmp22 Gene Dup/Delet	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81325	Pmp22 Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81326	Pmp22 Gene Known Fam Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81327	Sept9 Gen Prmtr Mthyltn Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81328	Slco1B1 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81330	Smpd1 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

81331	Snrpn/Ube3A Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81332	Serpina1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81333	Tgfbi Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81334	Runx1 Gene Targeted Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81335	Tpmt Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81336	Smn1 Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81337	Smn1 Gen Nown Famil Seq Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81338	Mpl Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81339	Mpl Gene Seq Alys Exon 11	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81340	Trb@ Gene Rearrange Amplify	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81341	Trb@ Gene Rearrange Dirprobe	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81342	Trg Gene Rearrangement Anal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81343	Ppp2R2B Gen Detc Abnor Allel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81344	Tbp Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81345	Tert Gene Targeted Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81346	Tyms Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			

81347	Sf3B1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	Sight cene common variants	avoid post-service review by Carelon.	5, 10, 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81348	Srsf2 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01010		avoid post-service review by Carelon.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
81349	Cytog Alys Chrml Abnr Lw-Ps	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 25, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81350	Ugt1A1 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81351	Tp53 Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81352	Tp53 Gene Trgt Sequence Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81353	Tp53 Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81355	Vkorc1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81357	U2Af1 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81360	Zrsr2 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81361	Hbb Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81362	Hbb Gene Known Fam Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81363	Hbb Gene Dup/Del Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81364	Hbb Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81400	Mopath Procedure Level 1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81401	Mopath Procedure Level 2	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
81402	Mopath Procedure Level 3	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81403	Mopath Procedure Level 4	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81404	Mopath Procedure Level 5	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81405	Mopath Procedure Level 6	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81406	Mopath Procedure Level 7	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
81407	Mopath Procedure Level 8	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01107		avoid post-service review by Carelon.	5,10,2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81408	Mopath Procedure Level 9	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01400		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81410	Aortic Dysfunction/Dilation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01410	Aortic Dystanction Diation	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81411	Aortic Dysfunction/Dilation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01411	Aortic Dystanction Diation	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81412	Ashkenazi Jewish Assoc Dis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01412	ASHKEHUZI JEWISH ASSOE DIS	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81413	Car Ion Chnnlpath Inc 10 Gns	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01415	car for chimpath inc 10 Ghs	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81414	Car Ion Chnnlpath Inc 2 Gns	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01414		avoid post-service review by Carelon.	5/ 10/ 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				$ \longrightarrow $
81415	Exome Sequence Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01413	Exome sequence Analysis	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				$ \longrightarrow $
81416	Exome Sequence Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01410	Exome sequence Analysis	avoid post-service review by Carelon.	5/ 10/ 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81417	Exome Re-Evaluation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
0141/		avoid post-service review by Carelon.	5/ 10/ 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				$ \longrightarrow $
81419	Epilepsy Gen Seq Alys Panel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01413	chicksy deli sed Alas rallei		5/ 10/ 2023	-	-	
		avoid post-service review by Carelon.				

81422	Fetal Chrmoml Microdeltj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
01422	Fetal chimolini Microdeltj	avoid post-service review by Carelon.	9/10/2025	-	_
		MP Criteria: Procedures/services reviewed against Medical			
81425	Genome Sequence Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
01425	Genome Sequence Analysis	avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
81426	Genome Sequence Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
01420	Genome Sequence Analysis	avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
81427	Genome Re-Evaluation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
01427	Genome Re-Evaluation		5/16/2023	-	-
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical			
81430	Hearing Loss Sequence Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
81450	Hearing Loss Sequence Analys	-	9/10/2025	-	-
		avoid post-service review by Carelon.			
81431	Hearing Loss Dun /Del Analys	MP Criteria: Procedures/services reviewed against Medical	0/10/2022		
81431	Hearing Loss Dup/Del Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
01 422	Ludter, Deet Co. Diatel Deservice	MP Criteria: Procedures/services reviewed against Medical	0/10/2022		
81432	Hrdtry Brst Ca-Rlatd Dsordrs	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
01.122	Under Diel Co. Dield Die ider	MP Criteria: Procedures/services reviewed against Medical	0/40/2022		
81433	Hrdtry Brst Ca-Rlatd Dsordrs	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical	0/10/2022		
81434	Hereditary Retinal Disorders	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81435	Hereditary Colon Ca Dsordrs	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81436	Hereditary Colon Ca Dsordrs	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81437	Heredtry Nurondcrn Tum Dsrdr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81438	Heredtry Nurondcrn Tum Dsrdr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81439	Hrdtry Cardmypy Gene Panel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81440	Mitochondrial Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
81442	Noonan Spectrum Disorders	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			

		MP Criteria: Procedures/services reviewed against Medical				
81443	Genetic Tstg Severe Inh Cond	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81445	Targeted Genomic Seq Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81448	Hrdtry Perph Neurphy Panel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81450	Targeted Genomic Seq Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81455	Targeted Genomic Seq Analys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	<u> </u>	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81460	Whole Mitochondrial Genome	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81465	Whole Mitochondrial Genome	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81470	X-Linked Intellectual Dblt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81471	X-Linked Intellectual Dblt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81493	Cor Artery Disease Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01.00		avoid post-service review by Carelon.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
81504	Oncology Tissue Of Origin	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01501		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81518	Onc Brst Mrna 11 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01510	one bist wind 11 Genes	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81519	Oncology Breast Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01515	Checkley breast witha	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81520	Onc Breast Mrna 58 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01320		avoid post-service review by Carelon.	5/ 10/ 2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81521	Onc Breast Mrna 70 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01921			5/ 10/ 2023	-	_	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
81522	Onc Breast Mrna 12 Genes	-	0/10/2022			
01322	Und Dreast Willia 12 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
81523	Onc Brst Mrna 70 Cnt 31 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81525	Oncology Colon Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81529	Onc Cutan MInma Mrna 31 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81540	Oncology Tum Unknown Origin	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81541	Onc Prostate Mrna 46 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81542	Onc Prostate Mrna 22 Cnt Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81546	Onc Thyr Mrna 10 196 Gen Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, , , , , , , , , , , , , , , , , , , ,	avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81551	Onc Prostate 3 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81552	Onc Uveal Minma Mrna 15 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81554	Pulm Ds Ipf Mrna 190 Gen Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· ····· · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81595	Cardiology Hrt Trnspl Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01000		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0001U	Rbc Dna Hea 35 Ag 11 Bld Grp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00010	Noe blid fied 55 Ag 11 bld Glp	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0004M	Scoliosis Dna Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
0004101	Scoliosis Dila Alys	avoid post-service review by Carelon.	5/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0005U	Onco Prst8 3 Gene Ur Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00000	UNCO FISIO S OCHE UI AIg	-	5/ 10/ 2023	-	_	
		avoid post-service review by Carelon.				
0006M	One Hon Gone Pick Classifier	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
	Onc Hep Gene Risk Classifier	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
000714	One Centre F1 Core Newsers	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0007M	Onc Gastro 51 Gene Nomogram	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical	_ / /			
0011M	Onc Prst8 Ca Mrna 12 Gen Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0012M	Onc Mrna 5 Gen Rsk Urthl Ca	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0013M	Onc Mrna 5 Gen Recr Urthl Ca	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0016M	Onc Bladder Mrna 209 Gen Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0016U	Onc Hmtlmf Neo Rna Bcr/Abl1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0017M	Onc Dlbcl Mrna 20 Genes Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0017U	Onc Hmtlmf Neo Jak2 Mut Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	—	
		MP Criteria: Procedures/services reviewed against Medical				
0018U	Onc Thyr 10 Microrna Seq Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, 10	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0019U	Onc Rna Tiss Predict Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	—	
		MP Criteria: Procedures/services reviewed against Medical				
0022U	Trgt Gen Seq Dna&Rna 23 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0023U	Onc Aml Dna Detcj/Nondetcj	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00200		avoid post-service review by Carelon.	3, 10, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0026U	Onc Thyr Dna&Mrna 112 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00200	one my bhacimna 112 oches	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0027U	Jak2 Gene Trgt Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00270	Jakz Gene figt Seq Alys	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0029U	Rx Metab Advrs Trgt Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00290	IN INICIAL AUVIS TIRE SEA HIRS	-	5/ 10/ 2023	-	—	
		avoid post-service review by Carelon.				
0030U	By Motob Worf Trat Sog Alve	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
00300	Rx Metab Warf Trgt Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
000411	C - 112 C	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0031U	Cyp1A2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				

0032U	Comt Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0033U	Htr2A Htr2C Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0034U	Tpmt Nudt15 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0036U	Xome Tum & Nml Spec Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0037U	Trgt Gen Seq Dna 324 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0040U	Bcr/Abl1 Gene Major Bp Quan	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0045U	Onc Brst Dux Carc Is 12 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0046U	Flt3 Gene Itd Variants Quan	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0047U	Onc Prst8 Mrna 17 Gene Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0048U	Onc Sld Org Neo Dna 468 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0049U	Npm1 Gene Analysis Quan	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0050U	Trgt Gen Seq Dna 194 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0055U	Card Hrt Trnspl 96 Dna Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0060U	Twn Zyg Gen Seq Alys Chrms2	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0069U	Onc Clrct Microrna Mir-31-3P	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0070U	Cyp2D6 Gen Com&Slct Rar Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			

0071U	Cyp2D6 Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00/10	cypzbo run dene sequence	avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0072U	Cyp2D6 Gen Cyp2D6-2D7 Hybrid	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00720		avoid post-service review by Carelon.	5, 20, 2020	_	-
		MP Criteria: Procedures/services reviewed against Medical			
0073U	Cyp2D6 Gen Cyp2D7-2D6 Hybrid	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00700		avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0074U	Cyp2D6 Nonduplicated Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 20, 2020	_	-
		MP Criteria: Procedures/services reviewed against Medical			
0075U	Cyp2D6 5' Gene Dup/Mlt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	3, 10, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0076U	Cyp2D6 3' Gene Dup/Mlt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00700		avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0078U	Pain Mgt Opi Use Gnotyp Pnl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00700	i an mge opi ose dhotyp i m	avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0079U	Cmprtv Dna Alys Mlt Snps	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00750		avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0087U	Crd Hrt Trnspl Mrna 1283 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
00070		avoid post-service review by Carelon.	5/10/2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0088U	Trnsplj Kdn Algrft Rej 1495	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0089U	Onc MInma Prame & Linc00519	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0090U	Onc Cutan MInma Mrna 23 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0094U	Genome Rapid Sequence Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0101U	Hered Colon Ca Do 15 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0102U	Hered Brst Ca Rltd Do 17 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
·-		avoid post-service review by Carelon.	-,,0	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0103U	Hered Ova Ca Pnl 24 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	0, 20, 2020	-	-

		MP Criteria: Procedures/services reviewed against Medical				
0111U	Onc Colon Ca Kras&Nras Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0113U	Onc Prst8 Pca3&Tmprss2-Erg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0114U	Gi Barretts Esoph Vim&Ccna2	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0118U	Trnsplj Don-Drv Cll-Fr Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0120U	Onc B Cll Lymphm Mrna 58 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0129U	Hered Brst Ca RItd Do Panel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0130U	Hered Colon Ca Do Mrna Pnl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0131U	Hered Brst Ca RItd Do Pnl 14	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0132U	Hered Ova Ca Rltd Do Pnl 18	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0133U	Hered Prst8 Ca RItd Do 12	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0134U	Hered Pan Ca Mrna Pnl 18 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0136U	Atm Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0137U	Palb2 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0138U	Brca1 Brca2 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	- ·	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0153U	Onc Breast Mrna 101 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
				-	_	
0153U	Onc Breast Mrna 101 Genes		9/18/2023	-	-	

1						
		MP Criteria: Procedures/services reviewed against Medical				
0154U	Onc Urthl Ca Rna Fgfr3 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0155U	Onc Brst Ca Dna Pik3Ca Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0156U	Copy Number Sequence Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0157U	Apc Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0158U	Mlh1 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0159U	Msh2 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0160U	Msh6 Mrna Seg Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0161U	Pms2 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0162U	Hered Colon Ca Trgt Mrna Pnl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0169U	Nudt15&Tpmt Gene Com Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01000		avoid post-service review by Carelon.	3, 10, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0170U	Neuro Asd Rna Next Gen Seg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01/00	Neuro Asa Ana Next Gen Seq	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0171U	Trgt Gen Seg Alys Pnl Dna 23	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01/10	Tige Och Jey Arys Fill Dila 23	avoid post-service review by Carelon.	5/ 10/ 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0203U	Ai Ibd Mrna Xprsn Prfl 17	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02030	או וטע ועורום אףו זוו דווו דו	avoid post-service review by Carelon.	5/ 10/ 2023	-	_	
020411	One Thur Mana Varea Alice 502	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0204U	Onc Thyr Mrna Xprsn Alys 593	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
020511	Orth Arred Alice 2 Cone Mericette	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0205U	Oph Amd Alys 3 Gene Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	0/10/2007			
0209U	Cytog Const Alys Interrog	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				

021111		MP Criteria: Procedures/services reviewed against Medical	0/18/2022			
0211U	Onc Pan-Tum Dna&Rna Gnrj Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
004011	Deve De Cas Des Alle Deshard	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0212U	Rare Ds Gen Dna Alys Proband	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0213U	Rare Ds Gen Dna Alys Ea Comp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0214U	Rare Ds Xom Dna Alys Proband	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0215U	Rare Ds Xom Dna Alys Ea Comp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0216U	Neuro Inh Ataxia Dna 12 Com	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0217U	Neuro Inh Ataxia Dna 51 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0218U	Neuro Musc Dys Dmd Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, , ,	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0228U	Onc Prst8 Ma Molec Prfl Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	0	avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0229U	Bcat1 Promoter Mthyltn Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0230U	Ar Full Sequence Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	All Full Sequence Analysis	avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0231U	Cacna1A Full Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02310	Cachara i un Ocne Analysis	avoid post-service review by Carelon.	5/ 10/ 2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0232U	Ceth Full Gone Analysis		0/10/2022			
02320	Cstb Full Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
022211		MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0233U	Fxn Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0234U	Mecp2 Full Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0235U	Pten Full Gene Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

0236U	Smn1&Smn2 Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
0237U	Car Ion Chnlpthy Gen Seq Pnl	avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0238U	Onc Lnch Syn Gen Dna Seq Aly	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0239U	Trgt Gen Seq Alys Pnl 311+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0242U	Trgt Gen Seq Alys Pnl 55-74	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	-
0244U	Onc Solid Orgn Dna 257 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	-
0245U	Onc Thyr Mut Alys 10 Gen&37	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0250U	Onc Sld Org Neo Dna 505 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	-
0252U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0253U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0254U	Reprdtve Med Alys 24 Chrmsm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0258U	Ai Psor Mrna 50-100 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0260U	Rare Ds ld Opt Genome Mapg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0262U	Onc Sld Tum Rt-Pcr 7 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0264U	Rare Ds Id Opt Genome Mapg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_
0265U	Rar Do Whl Gn&Mtcdrl Dna Als	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	_	_

0266U	Lavel Cast Hittel Do Ca Vars	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	0/18/2022		
02000	Unxpl Cnst Hrtbl Do Gn Xprs	avoid post-service review by Carelon.	9/18/2023	-	_
		MP Criteria: Procedures/services reviewed against Medical			
0267U	Rare Do Id Opt Gen Mapg&Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
02070		avoid post-service review by Carelon.	5, 20, 2020	_	-
		MP Criteria: Procedures/services reviewed against Medical			
0268U	Hem Ahus Gen Seq Alys 15 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0269U	Hem Aut Dm Cgen Trmbctpna 14	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
0270U	Hem Cgen Coagj Do 20 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	0 0,	avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
0271U	Hem Cgen Neutropenia 23 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	- ·	avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
0272U	Hem Genetic Bld Do 51 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
0273U	Hem Gen Hyprfibrnlysis 8 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0274U	Hem Gen Pltlt Do 43 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0276U	Hem Inh Thrombocytopenia 23	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0277U	Hem Gen Pltlt Funcj Do 30	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0278U	Hem Gen Pltlt Funcj Do 30	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0285U	Onc Rsps Radj Cll Fr Dna Tox	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0286U	Onc Rsps Radj Cll Fr Dna Tox	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0287U	Onc Thyr Dna&Mrna 112 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0288U	Onc Lung Mrna Quan Pcr 11&3	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			

	Oncology (Pancreas), Dna And Mrna Next-Generation					
	Sequencing Analysis Of 74 Genes And Analysis Of Cea	MP Criteria: Procedures/services reviewed against Medical				
0313U	(Ceacam5) Gene Expression, Pancreatic Cyst Fluid, Algorithm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00100	Reported As A Categorical Result (I.E., Negative, Low	avoid post-service review by Carelon.	3, 10, 2020	-	-	
	Probability Of Neoplasia Or Positive, High Probability Of	avoid post service review by carcion.				
	Neoplasia)					
	Oncology (Cutaneous Melanoma), Mrna Gene Expression					
	Profiling By Rt-Pcr Of 35 Genes (32 Content And 3	MP Criteria: Procedures/services reviewed against Medical				
0314U	Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	(Ffpe) Tissue, Algorithm Reported As A Categorical Result	avoid post-service review by Carelon.				
	(I.E., Benign, Intermediate, Malignant)					
	Oncology (Cutaneous Squamous Cell Carcinoma), Mrna					
	Gene Expression Profiling By Rt-Pcr Of 40 Genes (34 Content	MP Criteria: Procedures/services reviewed against Medical				
0315U	And 6 Housekeeping), Utilizing Formalin-Fixed Paraffin	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	Embedded Tissue, Algorithm Reported As A Categorical Risk	avoid post-service review by Carelon.				
	Result (I.E., Class 1, Class 2A, Class 2B)					
	Oncology (Lung Cancer), Four-Probe Fish (3Q29, 3P22.1,	MP Criteria: Procedures/services reviewed against Medical				
0317U	10Q22.3, 10Cen) Assay, Whole Blood, Predictive Algorithm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03170	Generated Evaluation Reported As Decreased Or Increased	avoid post-service review by Carelon.	5/10/2025	-	-	
	Risk For Lung Cancer	avoid post-service review by carefoli.				
	Pediatrics (Congenital Epigenetic Disorders), Whole Genome	MP Criteria: Procedures/services reviewed against Medical				
0318U	Methylation Analysis By Microarray For 50 Or More Genes,	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	Blood	avoid post-service review by Carelon.				
	Nephrology (Renal Transplant), Rna Expression By Select	MP Criteria: Procedures/services reviewed against Medical				
0319U	Transcriptome Sequencing, Using Pretransplant Peripheral	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00100	Blood, Algorithm Reported As A Risk Score For Early Acute	avoid post-service review by Carelon.	5,10,2025	-	_	
	Rejection	avoid post-service review by carefoli.				
	Nephrology (Renal Transplant), Rna Expression By Select	MP Criteria: Procedures/services reviewed against Medical				
0320U	Transcriptome Sequencing, Using Posttransplant Peripheral	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00200	Blood, Algorithm Reported As A Risk Score For Acute Cellular	avoid post-service review by Carelon.	5,10,2025	-	_	
	Rejection	· · · ·				
		MP Criteria: Procedures/services reviewed against Medical				
0326U	Trgt Gen Seq Alys Pnl 83+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0327U	Ftl Aneuploidy Trsmy Dna Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0329U	Onc Neo Xomeandtrns Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0331U	Onc HI Neo Opt Gen Mapping	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G9143	Warfarin Respon Genetic Test	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
S3800	Genetic Testing Als	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	5	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
S3840	Dna Analysis Ret-Oncogene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
\$3841	Gene Test Retinoblastoma	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3842	Gene Test Hippel-Lindau	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00012		avoid post-service review by Carelon.	3, 10, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3844	Dna Analysis Deafness	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
55011	Bha Analysis Dealness	avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3845	Gene Test Alpha-Thalassemia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
55045	Gene rest April malassemia	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3846	Gene Test Beta-Thalassemia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
55040	Gene lest beta-malassemia	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3849	Gene Test Niemann-Pick	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
55645	Gene rest Memanin-Fick	avoid post-service review by Carelon.	5/10/2023	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3850	Gene Test Sickle Cell	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
33630	Gene Test Sickle Cell		9/10/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
\$3852	Dna Analysis Apoe Alzheimer	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
33632	Dha Analysis Apoe Alzheimer		9/10/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
S3853	Cono Tost Musels Dust	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
33833	Gene Test Myo Musclr Dyst		9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
C 20 F 4	Cono Drofilo Donal Droact		0/10/2022			
S3854	Gene Profile Panel Breast	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
62064	Constitution Toot Driver de		0/10/2022			
S3861	Genetic Test Brugada	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
6396F	Come Const Test Use Condision	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
S3865	Comp Genet Test Hyp Cardiomy	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	0 / 10 / 2005			
S3866	Spec Gene Test Hyp Cardiomy	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- /			
S3870	Cgh Test Developmental Delay	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
20930	Sp Bone Algrft Morsel Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
20931	Sp Bone Algrft Struct Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
20932	Osteoart Algrft W/Surf & B2	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
20933	Hemicrt Intrclry Algrft Prtl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
20934	Intercalary Algrft Compl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, 0 1	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
20936	Sp Bone Agrft Local Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20937	Sp Bone Agrft Morsel Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20007	op bolle Agre Molder Add off	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20938	Sp Bone Agrft Struct Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20000	op bolle Agreed and on	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20939	Bone Marrow Aspir Bone Grfg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20555	bone marrow Aspir bone ong	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20974	Electrical Bone Stimulation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20374	Lieunal bone sumulation	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20975	Electrical Bone Stimulation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20975		avoid post-service review by Carelon.	9/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22206	Incis Spine 3 Column Thorac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22200	Their spine's column morae		9/10/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
22207	Incia Caina 2 Calumna Lumbar		0/10/2022			
22207	Incis Spine 3 Column Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
22209	Incis China 2 Column Adl Con	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
22208	Incis Spine 3 Column Adl Seg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
22240		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
22210	Incis 1 Vertebral Seg Cerv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22212	Incis 1 Vertebral Seg Thorac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
22214	Incis 1 Vertebral Seg Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22216	Incis Addl Spine Segment	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22220	Osteot Dsc Ant 1 Vrt Sgm Crv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22222	Osteot Dsc Ant 1Vrt Sgm Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22224	Osteot Dsc Ant 1Vrt Sgm Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22226	Osteot Dsc Ant 1Vrt Sgm Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22510	Perg Cervicothoracic Inject	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22511	Perg Lumbosacral Injection	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		—	_	
		MP Criteria: Procedures/services reviewed against Medical				
22512	Vertebroplasty Addl Inject	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22513	Perq Vertebral Augmentation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	57 207 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22514	Perg Vertebral Augmentation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22314	reig vertebial Augmentation	avoid post-service review by Carelon.	5/10/2025	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22515	Perq Vertebral Augmentation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22313	Ferq vertebral Augmentation	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22532	Arthrd Lat Vtrouto, To Thro		0/10/2022			
22532	Arthrd Lat Xtrcvtry Tq Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
22522	Arthred Lat Virgeto, To Lasha	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
22533	Arthrd Lat Xtrcvtry Tq Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
22524		MP Criteria: Procedures/services reviewed against Medical	0/10/2005			
22534	Arthrd Lat Xtrcvtry Tq Ea Ad	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22548	Arthrd Ant Toral/Xoral C1-C3	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

22554		MP Criteria: Procedures/services reviewed against Medical	0 14 0 10 00 0			
22551	Arthrd Ant Ntrbdy Cervical	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22552	Arthrd Ant Ntrbd Cervical Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22554	Arthrd Ant Ntrbd Min Dsc Crv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22556	Arthrd Ant Ntrbd Min Dsc Thc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22558	Arthrd Ant Ntrbd Min Dsc Lum	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22585	Arthrd Ant Ntrbd Min Dsc Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22590	Arthrd Pst Tg Craniocervical	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22595	Arthrd Pst Tg Atlas-Axis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22600	Arthrd Pst Tg 1Ntrspc Crv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22610	Arthrd Pst Tg 1Ntrspc Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22010		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22612	Arthrd Pst Tg 1Ntrspc Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22012	Artifiu i st ru intispe Lumbar	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22614	Arthrd Pst Tq 1Ntrspc Ea Add	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22014	Artina Pst rq INtispt Ea Adu		9/10/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
22620	Arthred Dat Ta 1 Nitran - Luca	· · · · · ·	0/10/2022			
22630	Arthrd Pst Tq 1Ntrspc Lum	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
22622		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
22632	Arthrd Pst Tq 1Ntrspc Lm Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22633	Arthrd Cmbn 1Ntrspc Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22634	Arthrd Cmbn 1Ntrspc Ea Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical			
22800	Arthrd Pst Dfrm<6 Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
22802	Arthrd Pst Dfrm 7-12 Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	-	avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
22804	Arthrd Pst Dfrm 13+ Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	5	avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
22808	Arthrd Ant Dfrm 2-3 Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	5	avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
22810	Arthrd Ant Dfrm 4-7 Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -,	-	_
		MP Criteria: Procedures/services reviewed against Medical			
22812	Arthrd Ant Dfrm 8+ Vrt Sgm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	.,,0	_	-
		MP Criteria: Procedures/services reviewed against Medical			
22818	Kyphectomy 1-2 Segments	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22819	Kyphectomy 3 Or More	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22830	Exploration Of Spinal Fusion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22840	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22841	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22842	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	0, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22843	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 10, 2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22844	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 10, 2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
22845	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5/ 10/ 2025	-	_
		MP Criteria: Procedures/services reviewed against Medical			
22846	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
22070		avoid post-service review by Carelon.	5/ 10/ 2025	-	_
		avoid post-service review by carefoli.			

		MP Criteria: Procedures/services reviewed against Medical				
22847	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22848	Insert Pelv Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22849	Reinsert Spinal Fixation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22853	Insj Biomechanical Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22854	Insj Biomechanical Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
22856	Tot Disc Arthrp Ant 1Ntrspc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22857	Tot Disc Arthrp Ant Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	·	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22858	Tot Disc Arthrp Ant 2Nd Lvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	·	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22859	Insj Biomechanical Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22861	Revise Cerv Artific Disc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22862	Revise Lumbar Artif Disc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22864	Remove Cerv Artif Disc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
22865	Remove Lumb Artif Disc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23105	Remove Shoulder Joint Lining	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23107	Explore Treat Shoulder Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23120	Partial Removal Collar Bone	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2025	-	-	
		avoia post scivice review by carcion.				

		MP Criteria: Procedures/services reviewed against Medical				
23410	Repair Rotator Cuff Acute	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
23412	Repair Rotator Cuff Chronic	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23415	Release Of Shoulder Ligament	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	Ū.	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23420	Repair Of Shoulder	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23430	Repair Biceps Tendon	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23440	Remove/Transplant Tendon	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23450	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23455	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23460	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23462	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
23465	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23466	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
23470	Reconstruct Shoulder Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
-		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23472	Reconstruct Shoulder Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23473	Revis Reconst Shoulder Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,20	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
23474	Revis Reconst Shoulder Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2025	-	-	
		avoid post scretce review by carefoli.				

27120 Reconstruction Of Hip Socket Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023	
avoid post-service review by Carelon.	
27122 Reconstruction Of Hip Socket MP Criteria: Procedures/services reviewed against Medical 27122 Reconstruction Of Hip Socket Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 27125 Partial Hip Replacement Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 27130 Total Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 27132 Total Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to Policy Criteria. Submit for Recommended Clinical Review to Policy Criteria: Procedures/services reviewed against Medical 27132 Total Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to Policy Criteria Policy Criteria. Submit for Recommended Clinical Review to Policy	
27122 Reconstruction Of Hip Socket Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023	
avoid post-service review by Carelon. 27125 Partial Hip Replacement Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 avoid post-service review by Carelon. 27125 Partial Hip Replacement Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 avoid post-service review by Carelon. 27130 Total Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 Artial Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 Artial Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 Artial Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 Artial Hip Arthroplasty Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	

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		MP Criteria: Procedures/services reviewed against Medical				
27488	Removal Of Knee Prosthesis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.			-	
		MP Criteria: Procedures/services reviewed against Medical				
28446	Osteochondral Talus Autogrft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	-	avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62380	Ndsc Dcmprn 1 Ntrspc Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63001	Remove Spine Lamina 1/2 Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63003	Remove Spine Lamina 1/2 Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63005	Remove Spine Lamina 1/2 Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63012	Remove Lamina/Facets Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63015	Remove Spine Lamina >2 Crvcl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63016	Remove Spine Lamina >2 Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
63017	Remove Spine Lamina >2 Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63020	Neck Spine Disk Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63030	Low Back Disk Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	5,	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63035	Spinal Disk Surgery Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
63040	Laminotomy Single Cervical	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, 2	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63042	Laminotomy Single Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63043	Laminotomy Addl Cervical	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,0	-	-	
<u>.</u>		avoid post service review by carcion.				

		MP Criteria: Procedures/services reviewed against Medical				
63044	Laminotomy Addl Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63045	Lam Facetec & Foramot Crv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63046	Lam Facetec & Foramot Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63047	Lam Facetec & Foramot Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63048	Lam Facetec & Foramot Ea Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63050	Cervical Laminoplsty 2/> Seg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63051	C-Laminoplasty W/Graft/Plate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63052	Lam Factc/Frmt Arthrd Lum Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · · · · · · · · · ·	avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63053	Lam Factc/Frmt Arthrd Lum Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63055	Decompress Spinal Cord Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00000		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63056	Decompress Spinal Cord Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03030	Decompress Spinal Cord Embr	avoid post-service review by Carelon.	5/18/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63057	Decompress Spine Cord Add-On	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
05057	Decompress spine cord Add-On	•	9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
C2075	Neels Gries Diels Gurgers	· •	0/10/2022			
63075	Neck Spine Disk Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
62076		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
63076	Neck Spine Disk Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63081	Remove Vert Body Dcmprn Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63082	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
63085	Remove Vert Body Dcmprn Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63086	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63087	Remov Vertbr Dcmprn Thrclmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63088	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63090	Remove Vert Body Dcmprn Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63091	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	· ·	avoid post-service review by Carelon.	-	-	—	
		MP Criteria: Procedures/services reviewed against Medical				
63101	Remove Vert Body Dcmprn Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63102	Remove Vert Body Dcmprn Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63103	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63185	Incise Spine Nrv Half Segmnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63190	Incise Spine Nrv >2 Segmnts	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63191	Incise Spine Accessory Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63200	Release Spinal Cord Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	-, -,	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
63250	Revise Spinal Cord Vsls Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	-, -,	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
63252	Revise Spine Cord Vsl Thrlmb	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63265	Excise Intraspinl Lesion Crv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	

		MP Criteria: Procedures/services reviewed against Medical				
63267	Excise Intrspinl Lesion Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63270	Excise Intrspinl Lesion Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63272	Excise Intrspinl Lesion Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63275	Bx/Exc Xdrl Spine Lesn Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63277	Bx/Exc Xdrl Spine Lesn Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63280	Bx/Exc Idrl Spine Lesn Crvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63282	Bx/Exc Idrl Spine Lesn Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63285	Bx/Exc Idrl Imed Lesn Cervl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.	-, -,	-	—	
		MP Criteria: Procedures/services reviewed against Medical				
63287	Bx/Exc Idrl Imed Lesn Thrlmb	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00207		avoid post-service review by Carelon.	5, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
63290	Bx/Exc Xdrl/Idrl Lsn Any Lvl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03230	big Ele Kang lan Esh rang En	avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63300	Remove Vert Xdrl Body Crvcl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03300	Remove vert kan body civel	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63301	Domovo Vort Vdrl Dody Thro	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
05501	Remove Vert Xdrl Body Thrc		9/18/2023	-	—	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
(2202			0/10/2022			
63302	Remove Vert Xdrl Body Thrlmb	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
c2202		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
63303	Remov Vert Xdrl Bdy Lmbr/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63304	Remove Vert Idrl Body Crvcl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63305	Remove Vert Idrl Body Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				

(220)	Dava av Mart Idal Dav Thaslasha	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
63306	Remov Vert Idrl Bdy Thrclmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
62207	Domous Vort Idri Ddy I mbr/Coo		0/10/2022			
63307	Remov Vert Idrl Bdy Lmbr/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
62209	Domous Vortabral Bady Add On	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
63308	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
0095T	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
00951	RMVI ARTINC DISC Addi Crvci	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
00007		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0098T	Rev Artific Disc Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
04.647	Device of the set of Direct Addition	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0164T	Remove Lumb Artif Disc Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
04.057		MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
0165T	Revise Lumb Artif Disc Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
C9359	Implnt Bon Void Filler-Putty	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
C9362	Implnt Bon Void Filler-Strip	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
E0748	Elec Osteogen Stim Spinal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
E0749	Elec Osteogen Stim Implanted	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
J7330	Cultured Chondrocytes ImpInt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
27096	Inject Sacroiliac Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62280	Treat Spinal Cord Lesion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62281	Treat Spinal Cord Lesion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62282	Treat Spinal Canal Lesion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

		MP Criteria: Procedures/services reviewed against Medical				
62292	Njx Chemonucleolysis Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62320	Njx Interlaminar Crv/Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62321	Njx Interlaminar Crv/Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62322	Njx Interlaminar Lmbr/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62323	Njx Interlaminar Lmbr/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62325	Njx Interlaminar Crv/Thrc	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
62327	Nix Interlaminar Lmbr/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
62350	Implant Spinal Canal Cath	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
62351	Implant Spinal Canal Cath	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
62360	Insert Spine Infusion Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
62361	Implant Spine Infusion Pump	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
62362	Implant Spine Infusion Pump	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63650	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	····	avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63655	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, _00	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
63663	Revise Spine Eltrd Perg Aray	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 25, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63664	Revise Spine Eltrd Plate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		avoid post-service review by carefoli.				

		MP Criteria: Procedures/services reviewed against Medical				
63685	Insrt/Redo Spine N Generator	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
63688	Revise/Remove Neuroreceiver	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
64451	Njx Aa&/Strd Nrv Nrvtg Si Jt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
64479	Njx Aa&/Strd Tfrm Epi C/T 1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
64480	Njx Aa&/Strd Tfrm Epi C/T Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
64483	Njx Aa&/Strd Tfrm Epi L/S 1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
64484	Nix Aa&/Strd Tfrm Epi L/S Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64490	Inj Paravert F Jnt C/T 1 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64491	Inj Paravert F Jnt C/T 2 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64492	Inj Paravert F Jnt C/T 3 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64493	Inj Paravert F Jnt L/S 1 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.	-, -,	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64494	Inj Paravert F Jnt L/S 2 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
64495	Inj Paravert F Jnt L/S 3 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, ,	avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
64510	N Block Stellate Ganglion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	······································	avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
64520	N Block Lumbar/Thoracic	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
64625	Rf Abltj Nrv Nrvtg Si Jt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
0.020		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		avoid post-service review by careion.				

		MP Criteria: Procedures/services reviewed against Medical			
64633	Destroy Cerv/Thor Facet Jnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
64634	Destroy C/Th Facet Int Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
64635	Destroy Lumb/Sac Facet Int	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
64636	Destroy L/S Facet Jnt Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0213T	Njx Paravert W/Us Cer/Thor	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0214T	Njx Paravert W/Us Cer/Thor	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
0215T	Njx Paravert W/Us Cer/Thor	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
0216T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
0217T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
0218T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
61850	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	-, -,	_	_
		MP Criteria: Procedures/services reviewed against Medical			
61863	Implant Neuroelectrode	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	-, -,	-	=
		MP Criteria: Procedures/services reviewed against Medical			
61864	Implant Neuroelectrde Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	5, 20, 2020	-	-
		MP Criteria: Procedures/services reviewed against Medical			
61867	Implant Neuroelectrode	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	5, 20, 2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
61868	Implant Neuroelectrde Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	inplant rear oclean de Addi	avoid post-service review by BCBS.	5, 10, 2025	-	_
		MP Criteria: Procedures/services reviewed against Medical			
64561	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
0.501	implant recircle citodes	avoid post-service review by BCBS.	5/ 10/ 2023	_	-
		avolu post-seivite review by bubs.			

		MP Criteria: Procedures/services reviewed against Medical			
64581 Opr	n Impltj Nea Sacral Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
A4290 Sac	cral Nerve Stim Test Lead	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E0745 Net	uromuscular Stim For Shock	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
L8600 Imp	plant Breast Silicone/Eq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
30130 Exc	cise Inferior Turbinate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
30140 Res	sect Inferior Turbinate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
30520 Rep	pair Of Nasal Septum	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
64716 Rev	vision Of Cranial Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
64732 Inci	ision Of Brow Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
64734 Inci	ision Of Cheek Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.		-	_
		MP Criteria: Procedures/services reviewed against Medical			
64771 Sev	ver Cranial Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	• •	-	-
		MP Criteria: Procedures/services reviewed against Medical			
21085 Pre	epare Face/Oral Prosthesis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	• • • • • • • •	avoid post-service review by BCBS.	, -,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
21110 Inte	erdental Fixation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	- / /	-	-
		MP Criteria: Procedures/services reviewed against Medical			
21141 Lefe	ort I-1 Piece W/O Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	-,, 	-	-
		MP Criteria: Procedures/services reviewed against Medical			
21142 Lefe	ort I-2 Piece W/O Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	5, 10, 2025	-	-
		MP Criteria: Procedures/services reviewed against Medical			
21143 Lefe	ort I-3/> Piece W/O Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by BCBS.	5/ 10/ 2025	-	-
		avoid post-service review by bebs.			

21193	Reconst Lwr Jaw W/O Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		—	_	
		MP Criteria: Procedures/services reviewed against Medical				
21194	Reconst Lwr Jaw W/Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
21195	Reconst Lwr Jaw W/O Fixation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	·	avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
21196	Reconst Lwr Jaw W/Fixation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		—	_	
		MP Criteria: Procedures/services reviewed against Medical				
21198	Reconstr Lwr Jaw Segment	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	J.	avoid post-service review by BCBS.		—	_	
		MP Criteria: Procedures/services reviewed against Medical				
21199	Reconstr Lwr Jaw W/Advance	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
	·	avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
21210	Face Bone Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
21215	Lower Jaw Bone Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
21230	Rib Cartilage Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	ů –	avoid post-service review by BCBS.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
19294	Prep Tum Cav Iort Prtl Mast	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	•	avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
19296	Place Po Breast Cath For Rad	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	
		MP Criteria: Procedures/services reviewed against Medical				
19297	Place Breast Cath For Rad	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
19298	Place Breast Rad Tube/Caths	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	····	avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
20555	Place Ndl Musc/Tis For Rt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
31643	Diag Bronchoscope/Catheter	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
32701	Thorax Stereo Rad Targetw/Tx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	0, 20, 2020	-	-	
		avoia post scraice rearea by carcion.				

		MP Criteria: Procedures/services reviewed against Medical				
41019	Place Needles H&N For Rt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
55860	Surgical Exposure Prostate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
55862	Extensive Prostate Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
55865	Extensive Prostate Surgery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
55874	Tprnl Plmt Biodegrdabl Matrl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
55875	Transperi Needle Place Pros	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
55920	Place Needles Pelvic For Rt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
57155	Insert Uteri Tandem/Ovoids	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
57156	Ins Vag Brachytx Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	C <i>i</i>	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
58346	Insert Heyman Uteri Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	, ,	avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
61796	Srs Cranial Lesion Simple	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	r -	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
61797	Srs Cran Les Simple Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
61798	Srs Cranial Lesion Complex	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
61799	Srs Cran Les Complex Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,, 2020	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
61800	Apply Srs Headframe Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 20, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
63620	Srs Spinal Lesion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		avoia post-service review by careion.				

MP Criteria: Procedures/services reviewed against Medical 63621 Srs Spinal Lesion Addl Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
67218 Treatment Of Retinal Lesion MP Criteria: Procedures/services reviewed against Medical 67218 Treatment Of Retinal Lesion Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
67218 Treatment Of Retinal Lesion Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical 76873 Echograp Trans R Pros Study Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
76873 Echograp Trans R Pros Study POlicy Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 76965 Echo Guidance Radiotherapy Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
76873 Echograp Trans R Pros Study Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical 76965 Echo Guidance Radiotherapy Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
76965 Echo Guidance Radiotherapy MP Criteria: Procedures/services reviewed against Medical 76965 Echo Guidance Radiotherapy Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023 77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
76965 Echo Guidance Radiotherapy Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. 9/18/2023
avoid post-service review by Carelon.
77014 Ct Scan For Therapy Guide MP Criteria: Procedures/services reviewed against Medical 77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
77014 Ct Scan For Therapy Guide Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77295 3-D Radiotherapy Plan Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77301 Radiotherapy Dose Plan Imrt Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023 _
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77316 Brachytx Isodose Plan Simple Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77317 Brachytx Isodose Intermed Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77318 Brachytx Isodose Complex Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77338 Design Mlc Device For Imrt Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77370 Radiation Physics Consult Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77371 Srs Multisource Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical
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avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77373 Sbrt Delivery Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.
MP Criteria: Procedures/services reviewed against Medical
77385 Ntsty Modul Rad Tx Dlvr Smpl Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
avoid post-service review by Carelon.

		MP Criteria: Procedures/services reviewed against Medical			
77386	Ntsty Modul Rad Tx Dlvr Cplx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
77387	Guidance For Radj Tx Dlvr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
77402	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
77407	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
77412	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
77424	Io Rad Tx Delivery By X-Ray	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
77425	Io Rad Tx Deliver By Elctrns	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	·	avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
77432	Stereotactic Radiation Trmt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
77435	Sbrt Management	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	-	avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
77469	Io Radiation Tx Management	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	J.	avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
77470	Special Radiation Treatment	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	·	avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
77520	Proton Trmt Simple W/O Comp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
77522	Proton Trmt Simple W/Comp	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by Carelon.	-, -,	_	-
		MP Criteria: Procedures/services reviewed against Medical			
77523	Proton Trmt Intermediate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
-		avoid post-service review by Carelon.	-, -,	_	-
		MP Criteria: Procedures/services reviewed against Medical			
77525	Proton Treatment Complex	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	·····	avoid post-service review by Carelon.	-,,	-	-
		MP Criteria: Procedures/services reviewed against Medical			
77750	Infuse Radioactive Materials	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	5, 10, 2025	-	-
		avoid post-service review by carefoli.			

77764		MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
77761	Apply Intrcav Radiat Simple	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77762	Apply Intrcav Radiat Interm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77763	Apply Intrcav Radiat Compl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77767	Hdr Rdncl Skn Surf Brachytx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77768	Hdr Rdncl Skn Surf Brachytx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77770	Hdr Rdncl Ntrstl/Icav Brchtx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	_	
		MP Criteria: Procedures/services reviewed against Medical				
77771	Hdr Rdncl Ntrstl/Icav Brchtx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	-	=	
		MP Criteria: Procedures/services reviewed against Medical				
77772	Hdr Rdncl Ntrstl/Icav Brchtx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
77778	Apply Interstit Radiat Compl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
////0	Apply interstit Radiat Compl		5/10/2025	-	-	
		avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical				
77700	Dediction Londling		0/10/2022			
77790	Radiation Handling	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
79101	Nuclear Rx Iv Admin	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
79403	Hematopoietic Nuclear Tx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0394T	Hdr Elctrnc Skn Surf Brchytx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0395T	Hdr Elctr Ntrst/Ntrcv Brchtx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
A9508	1131 lodobenguate Dx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
A9513	Lutetium Lu 177 Dotatat Ther	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		-	-	

		MP Criteria: Procedures/services reviewed against Medical			
A9528	Iodine I-131 Iodide Cap Dx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
A9531	1131 Max 100Uci	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
A9543	Y90 Ibritumomab Rx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
A9590	Iodine I-131 Iobenguane 1Mci	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
A9600	Sr89 Strontium	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
A9604	Sm 153 Lexidronam	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
A9606	Radium Ra223 Dichloride Ther	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.		-	-
		MP Criteria: Procedures/services reviewed against Medical			
G0339	Robot Lin-Radsurg Com First	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G0340	Robt Lin-Radsurg Fractx 2-6	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G0458	Ldr Prostate Brachy Comp Rat	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G6001	Echo Guidance Radiotherapy	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G6002	Stereoscopic X-Ray Guidance	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G6003	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	·	avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G6004	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	·	avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
G6005	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
	·	avoid post-service review by Carelon.		-	
		MP Criteria: Procedures/services reviewed against Medical			
G6006	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
00000					
G6005	Radiation Treatment Delivery	 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon. MP Criteria: Procedures/services reviewed against Medical 	9/18/2023	-	-

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0.0007		MP Criteria: Procedures/services reviewed against Medical	0 / 10 / 2005			
G6007	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
66000	Dediction Tractice (D. 1	MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
G6008	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6009	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6010	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6011	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6012	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6013	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6014	Radiation Treatment Delivery	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6015	Radiation Tx Delivery Imrt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6016	Delivery Comp Imrt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
G6017	Intrafraction Track Motion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
Q3001	Brachytherapy Radioelements	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
S8030	Tantalum Ring Application	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.	-	-	_	
05007		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
95807	Sleep Study Attended	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
		MD Critoria: Dracodurac loss internet against Madian				
05.010	Delivere Ch. Ver Alt. De ser	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
95810	Polysom 6/> Yrs 4/> Param	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
P						

95811	Polysom 6/>Yrs Cpap 4/> Parm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	-
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
33935	Heart-Lung Transplant With Recipient Cardiectomy- Pneumonectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
33945	Heart Transplant, With Or Without Recipient Cardiectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
44135	Intestinal Allotransplantation; From Cadaver Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
44136	Intestinal Allotransplantation; From Living Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
47135	Liver Allotransplantation, Orthotopic, Partial Or Whole, From Cadaver Or Living Donor, Any Age	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
48554	Transplantation Of Pancreatic Allograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
50380	Renal Autotransplantation, Reimplantation Of Kidney	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023
0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous	MP Criteria: Procedures/services reviewed against Medical	9/18/2023 _	Moved from PA to Recommended Clinical Review 9/18/2023

0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to Recommended Clinical Review - 9/18/2023
0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to Recommended Clinical Review - 9/18/2023
S2053	Transplantation Of Small Intestine And Liver Allografts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to _ Recommended Clinical Review 9/18/2023
S2054	Transplantation Of Multivisceral Organs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to _ Recommended Clinical Review 9/18/2023
S2060	Lobar Lung Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to Recommended Clinical Review 9/18/2023
S2065	Simultaneous Pancreas Kidney Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	Moved from PA to Recommended Clinical Review 9/18/2023
95808	Polysom Any Age 1-3> Param	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	11/15/2023	
A9607	Lutetium Lu 177 Vipivotide Tetraxetan, Therapeutic, 1 Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	
A9602	Fluorodopa F-18, Diagnostic, Per Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	
A9800	Gallium Ga-68 Gozetotide, Diagnostic, (Locametz), 1 Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	
81418	Rx Metab Gen Seq Alys Pnl 6	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	
81441	Ibmfs Seq Alys Pnl 30 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	
81449	Tgsap So Neo 5-50 Rna Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	9/18/2023	

81451	Tgsap HI Neo 5-50 Rna Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01431	igsap in Neo 3-30 kha Aiys	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
81456	Tgsap So/HI 51/< Rna Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01100		avoid post-service review by Carelon.	571072025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0332U	Onc Pan Tum Gen Prflg 8 Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03320		avoid post-service review by Carelon.	571072025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0333U	Onc Lyr Surveilanc Hcc Cfdna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00000		avoid post-service review by Carelon.	571072025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0334U	Onc Sld Orgn Tgsa Dna 84/+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03340		avoid post-service review by Carelon.	571072025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0335U	Rare Ds Whl Gen Seg Fetal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
05550	Rate D3 Will Gen Seq Fetal	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0336U	Rare Ds Whl Gen Seg Bld/Slv	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03300	Kale bs will dell seq bid/siv	avoid post-service review by Carelon.	5/16/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0339U	Onc Prst8 Mrna Hoxc6 And Dlx1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
05550		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0340U	Onc Pan Ca Alys Mrd Plasma	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03400	One r an ea Alys with r lasina	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0341U	Ftl Aneup Dna Seq Cmpr Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03410		avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0343U	Onc Prst8 Xom Aly 442 Sncrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03430	One risto Xoni Aly 442 Shenna	avoid post-service review by Carelon.	5/10/2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0345U	Psyc Genom Alys Pnl 15 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 10, 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0347U	Rx Metab/Pcx Dna 16 Gen Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
001/0	in metabyr ex bria 10 Gen Alys	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0348U	Rx Metab/Pcx Dna 25 Gen Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00100	The metabylick bild 25 Gen Alys	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0349U	Rx Metab/Pcx Dna 27Gen Rx Ia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00 +00	TA MELLOT ON DIA 27 GEI IA IA	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		MP Criteria: Procedures/services reviewed against Medical				
0350U	Rx Metab/Pcx Dna 27 Gen Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
0000	in metabyi ch bila 27 Gen Alys	avoid post-service review by Carelon.	5/ 10/ 2025	-	-	
		avoiu post-service review by carefull.				

		MD Criteria: Dresodures (services and estimate Madical	
025511		MP Criteria: Procedures/services reviewed against Medical	2
0355U	Apol1 Risk Variants	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	
		avoid post-service review by Carelon.	
025611	One Onen 17 Dae Delaen Ala	MP Criteria: Procedures/services reviewed against Medical	2
0356U	Onc Orop 17 Dna Ddpcr Alg	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	3
		avoid post-service review by Carelon.	
026211	0 D Th C - D 02010	MP Criteria: Procedures/services reviewed against Medical	2
0362U	Onc Pap Thyr Ca Rna 82&10	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	3
		avoid post-service review by Carelon.	
026211		MP Criteria: Procedures/services reviewed against Medical	2
0363U	Onc Urthl Mrna 5 Gen Alg	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	
		avoid post-service review by Carelon.	
		MP Criteria: Procedures/services reviewed against Medical	
22860	Tot Disc Arthrp 2Ntrspc Lmbr	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	3
		avoid post-service review by Carelon.	
70000	•• •• •	MP Criteria: Procedure/service reviewed against Medical	
70336	Magnetic Image Jaw Joint	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	3
		avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
27412	Autochondrocyte Implant Knee	Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	3
		avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	-
64555	IMPLANT NEUROELECTRODES	avoid post-service review. 7/15/2023	12/31/2999
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
64575	OPN IMPLTJ NEA PERPH NERVE	avoid post-service review. 7/15/2023	12/31/2999
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	-
64590	INSRT/REDO PN/GASTR STIMUL	avoid post-service review. 7/15/2023	12/31/2999
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
C1820	Generator neuro rechg bat sy	avoid post-service review. 7/15/2023	12/31/2999
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
C1822	Gen neuro hf rechg bat	avoid post-service review. 7/15/2023	12/31/2999
		Non Covered: Procedure/service not covered by the Plan.	
		Not subject to pre-service review	-
J1726	Makena 10 mg	//15/2023	12/31/2999
		Non Covered: Procedure/service not covered by the Plan.	
J1729	Inj hydroxyprogst capoat nos	Not subject to pre-service review. 7/15/2023	12/31/2999 -
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	_
L8678	Ext sply implt neurostim	avoid post-service review. 7/15/2023	12/31/2999
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	_
L8679	Imp neurosti pls gn any type	avoid post-service review. 7/15/2023	12/31/2999

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
L8680	Implt neurostim elctr each	avoid post-service review. 7/15/2023	12/31/2999	-
20000		MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8681	Pt prgrm for implt neurostim	avoid post-service review. 7/15/2023	12/31/2999	-
10001		MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8682	Implt neurostim radiofg rec	avoid post-service review. 7/15/2023	12/31/2999	-
10002		MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8683	Radiofg trsmtr for implt neu	avoid post-service review. 7/15/2023	12/31/2999	-
10005		MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8685	Implt nrostm pls gen sng rec	avoid post-service review. 7/15/2023	12/31/2999	-
10005	imple mostin pis gen sing ree	MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8686	Implt nrostm pls gen sng non	avoid post-service review. 7/15/2023	12/31/2999	-
10000	imple mostin pis gen sing non	MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8687	Implt nrostm pls gen dua rec	avoid post-service review. 7/15/2023	12/31/2999	-
10007	mpic mostin pis gen dua rec	MP Criteria: Procedure/service reviewed against Medical	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8688	Implt nrostm pls gen dua non	avoid post-service review. 7/15/2023	12/31/2999	-
10000	mpic mostin pis gen did non	MP Criteria: Procedure/service reviewed against Medical	12/31/2335	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8689	External recharg sys intern	avoid post-service review. 7/15/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical	, 0,	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8695	External recharg sys extern	avoid post-service review. 7/15/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical	,,	
J9029	Inj adstiladrin per tx dos	Policy Criteria. Submit for Recommended Clinical Review to 8/1/2023	12/31/2999	
35025		avoid post-service review.	12, 51, 2555	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J9381	Inj teplizumab mzwv 5 mcg	avoid post-service review. 8/1/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical	, . ,	
		Policy Criteria. Submit for Recommended Clinical Review to		
J1576	Inj panzyga 500 mg	avoid post-service review. 8/1/2023	12/31/2999	-
	, , , , , , , , , , , , , , , , , , , ,	MP Criteria: Procedure/service reviewed against Medical	, . ,	
		Policy Criteria. Submit for Recommended Clinical Review to		
J2329	Inj ublituximab-xiiy 1 mg	avoid post-service review. 8/15/2023	12/31/2999	-
	, , , ,	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
C9786	Echo cad for hf preserved ef	avoid post-service review. 8/1/2023	12/31/2999	-
	· · · · · · · · · · · · · · · · · ·	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	-

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
Q4283	Biovance tri or 31 sq cm	(Predetermination) 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			
Q4282	Cygnus dual 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			
Q4281	Barrera slor dl 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			
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			
Q4278	Epieffect 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			
Q4277	Woundplus e-grat 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			
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			
Q4275	Esano aca 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			
Q4274	Esano ac 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			-
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			
Q4272	Esano a per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
J3396	Verteporfin injection	(Predetermination) to avoid post-service review.	8/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
J0179	Inj brolucizumab-dbll 1 mg	(Predetermination) to avoid post-service review.	8/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
J0178	Aflibercept injection	(Predetermination) 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			_
C9785	Endo outlet restrict w/tube	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			_
C9784	Endo sleeve gastro w/tube	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			
90880	HYPNOTHERAPY		3/1/2023	12/31/2999	-
50880		MP Criteria: Procedure/service reviewed against Medical	5/1/2025	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review			
67027	IMPLANT EYE DRUG SYSTEM	•	3/15/2023	12/31/2999	-
07027		EIU: Procedure/service not reimbursed by the Plan. Not	5/15/2025	12/31/2999	
		subject to pre-service review. Check EIU policy, which is			
0809T	ARTHRD SI JT PRQ TFX&IMPLT		12/1/2023	12/31/2999	-
08031		one of our Clinical Payment and Coding Policy (CPCP). 1 MP Criteria: Procedure/service reviewed against Medical	12/1/2023	12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review			
0545T	TCAT TV ANNULUS RCNSTJ	•	9/1/2023	12/31/2999	-
05451	TCAT IV ANNOLOS RCIISTI		9/1/2025	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
0569T		Policy Criteria. Submit for Recommended Clinical Review	1/1/2022	12/21/2000	-
05091	TTVR PERQ APPR 1ST PROSTH		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
05707		Policy Criteria. Submit for Recommended Clinical Review	11/2022	12/21/2000	-
0570T	TTVR PERQ EA ADDL PROSTH		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
0.000		Policy Criteria. Submit for Recommended Clinical Review	4 10 000	12/24/2022	-
0600T	IRE ABLTJ 1+TUM ORGAN PERQ		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical 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		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			-
0741T	REM AUTON ALG NSLN DATA COLL		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			-
98978	REM THER MNTR DEV SPLY CBT		9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			-
A4341	Iduc valve pat inst repl		11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			-
A4342	Iduc valve sply repl		11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
	-	Policy Criteria. Submit for Recommended Clinical Review			-
J7183			3/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			_
J3111	Inj. romosozumab-aqqg 1 mg		3/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			_
J2796	Romiplostim injection	avoid post-service review.	3/1/2023	12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J2354	Octreotide inj non-depot	avoid post-service review. 3/1/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J2353	Octreotide injection depot	avoid post-service review. 3/1/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical	12,01,2000	
		Policy Criteria. Submit for Recommended Clinical Review to		
J1930	Lanreotide injection	avoid post-service review. 3/1/2023	12/31/2999	-
12000		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J0485	Belatacept injection	avoid post-service review. 3/1/2023	12/31/2999	-
30403	Delatacept injection	MP Criteria: Procedure/service reviewed against Medical	12,31,2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
0597T	TEMP FML IU VALVE-PMP RPLCMT	avoid post-service review. 11/15/2023	3 12/31/2999	-
03371		MP Criteria: Procedure/service reviewed against Medical	5 12/51/2555	
		Policy Criteria. Submit for Recommended Clinical Review to		
0596T	TEMP FML IU VLV-PMP 1ST INSJ	avoid post-service review. 11/15/2023	3 12/31/2999	_
05501		MP Criteria: Procedure/service reviewed against Medical	5 12/51/2555	
		Policy Criteria. Submit for Recommended Clinical Review to		
59072	UMBILICAL CORD OCCLUD W/US	avoid post-service review. 10/1/	2023 12/31/2999	_
59072	OMBILICAL CORD OCCLOD W/03	MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review to		
59076	FETAL SHUNT PLACEMENT W/US		/2023 12/31/2999	-
59070	TETAL SHOWT PLACEMENT W/03	avoid post-service review. 10/1/ MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	
		Policy Criteria. Submit for Recommended Clinical Review to		
S2400	Fetal surg congen hernia		2023 12/31/2999	-
32400	Fetal surg congen herma	avoid post-service review. 10/1/ MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	
		· · · · ·		
S2401	Fetal surg urin trac obstr	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 10/1/	/2023 12/31/2999	-
52401	Fetal surg unit trac obstr	avoid post-service review. 10/1/ MP Criteria: Procedure/service reviewed against Medical	2023 12/31/2999	
		-		
S2402	Fotol ours cons out malf	Policy Criteria. Submit for Recommended Clinical Review to	(2022 12/21/2000	-
52402	Fetal surg cong cyst malf	avoid post-service review. 10/1/	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
62402	Fatal sum autores as such	Policy Criteria. Submit for Recommended Clinical Review to	12/22 12/21/2000	-
S2403	Fetal surg pulmon sequest	avoid post-service review. 10/1/	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
62404	Folds and a second second second	Policy Criteria. Submit for Recommended Clinical Review to	12022 42/24/2000	-
S2404	Fetal surg myelomeningo	avoid post-service review. 10/1/	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
62405		Policy Criteria. Submit for Recommended Clinical Review to	12022 12/24/2000	-
S2405	Fetal surg sacrococ teratoma	avoid post-service review. 10/1/	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
60 400	Estate and a	Policy Criteria. Submit for Recommended Clinical Review to	10000	-
S2409	Fetal surg noc	avoid post-service review. 10/1/	2023 12/31/2999	
J9345	Inj, retifanlimab-dlwr, 1 mg	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to 1/1/2	2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024

J9350	Inj Mosunetuzumab-Axgb 1 Mg	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
0364U	Onc HI Neo Gen Seq Alys Alg	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
0368U	Onc Clrct Ca Mut&Mthyltn Mrk	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
0378U	Rfc1 Repeat Xpnsj Vrnt Alys	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
0379U	Tgsap SI Or Neo Dna523&Rna55	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	_	01/01/2024
0380U	Rx Metb Advrs Trgt Sq Aly 20	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
23700	Mnpj Anes Sho Jt Fixj Aprats	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
27331	Explore/Treat Knee Joint	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	_	01/01/2024
27405	Repair Of Knee Ligament	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
27407	Repair Of Knee Ligament	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
27409	Repair Of Knee Ligaments	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29805	Sho Arthrs Dx +- Synovial Bx	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29806	Sho Arthrs Srg Capsulorraphy	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29807	Sho Arthrs Srg Rpr Slap Les	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29819	Sho Arthrs Srg Rmvl Loose/Fb	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	. , .	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	· · · _	01/01/2024
29820	Sho Arthrs Srg Prtl Synvct	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	· · _	01/01/2024

29821	Sho Arthrs Srg Compl Synvct	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29822	Sho Arthrs Srg Lmtd Dbrdmt	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29823	Sho Arthrs Srg Xtnsv Dbrdmt	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29824	Sho Arthrs Srg Dstl Claviclc	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29825	Sho Arthrs Srg Lss&Rescj Ads	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29826	Sho Arthrs Srg Decompression	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29827	Sho Arthrs Srg Rt8Tr Cuf Rpr	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29828	Sho Arthrs Srg Bicp Tenodsis	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29860	Hip Arthroscopy Dx	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29861	Hip Arthro W/Fb Removal	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29862	Hip Arthr0 W/Debridement	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29863	Hip Arthr0 W/Synovectomy	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29867	Allgrft Implnt Knee W/Scope	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29868	Meniscal Trnspl Knee W/Scpe	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29870	Knee Arthroscopy Dx	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
-		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	.,	01/01/2024
29871	Knee Arthroscopy/Drainage	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
			1/1/2024	Recommended Clinical Review
25071		Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	1/1/2024 _	

29873	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29874	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29875	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29876	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29877	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29879	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29880	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29881	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29882	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29883	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29884	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29885	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024
29886	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	_	01/01/2024
29887	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.	_	01/01/2024
29888	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	.,,,	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	- <u> </u>	01/01/2024
29889	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	· // · · · · · /	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024

29892	Ankle Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	1/1/2024	_	Moved from PA to Recommended Clinical Review 01/01/2024
G0289	Arthro Loose Body + Chondro	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by Carelon.	1/1/2024	-	Moved from PA to Recommended Clinical Review 01/01/2024
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	-
К1036	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	-
C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/1/2023	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
95982	IO GA N-STIM SUBSQ W/REPROG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/1/2023	12/31/2999	_

95982	IO GA N-STIM SUBSQ W/REPROG	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to 10/1/2023	12/31/2999	_
		avoid post-service review.		
J0174	Inj lecanemab-irmb 1 mg	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to 9/15/2023	12/31/2999	_
		avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
K1017	Monthly supp use with k1016	avoid post-service review. 10/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
K1016	Trans elec nerv for trigemin	avoid post-service review. 10/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
J0741	Inj cabote rilpivir 2mg 3mg	avoid post-service review. 10/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
J0739	Injection cabotegravir 1 mg	avoid post-service review. 10/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 10/15/2023
0322U	NEURO ASD MEAS 14 ACYL CARN	avoid post-service review. 10/15/2023	2/1/2024	Retire effective 02/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not		
		subject to pre-service review. Check EIU policy, which is		
0322U	NEURO ASD MEAS 14 ACYL CARN	one of our Clinical Payment and Coding Policy (CPCP). 2/1/2024	12/31/2999	Add effective 02/01/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
95981	IO ANAL GAST N-STIM SUBSQ	avoid post-service review. 10/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
E0746	Electromyograph biofeedback	avoid post-service review. 11/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
93264	REM MNTR WRLS P-ART PRS SNR	avoid post-service review. 10/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
33289	TCAT IMPL WRLS P-ART PRS SNR	avoid post-service review. 10/15/2023	12/31/2999	
l -		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
0422T	TACTILE BREAST IMG UNI/BI	avoid post-service review. 11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
0332T	HEART SYMP IMAGE PLNR SPECT	avoid post-service review. 11/15/2023	12/31/2999	
97151	Bhv Id Assmt By Phys/Qhp	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to 1/1/2024	_	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97152	Bhv Id Suprt Assmt By 1 Tech	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
1		Policy Criteria. Submit for Recommended Clinical Review to 1/1/2024	_	Recommended Clinical Review
1		avoid post-service review.		01/01/2024

97153	Adaptive Behavior Tx By Tech	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97154	Grp Adapt Bhv Tx By Tech	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97155	Adapt Behavior Tx Phys/Qhp	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97156	Fam Adapt Bhy Tx Gdn Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97157	Mult Fam Adapt Bhy Tx Gdn	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
	·	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
97158	Grp Adapt Bhv Tx By Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review.		01/01/2024
0362T	Bhv Id Suprt Assmt Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
	•	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
0373T	Adapt Bhv Tx Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96105	Assessment Of Aphasia, Per Hour	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
	F,	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96110	Developmental Screening, Per Instrument	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96112	Devel Tst Phys/Qhp 1St Hr	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96113	Devel Tst Phys/Qhp Ea Addl	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96116	Neurobehavioral Status Exam, Per Hour	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96121	Each Additional Hour For Neurobehavioral Status Exam-	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
	Must Be Used With 96116 (Not A Stand Alone Code)	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96125	Standardized Cognitive Testing, Per Hour	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
-		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.		01/01/2024
96127	Brief Emotional/Behavior Assessment	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
l i		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review.	· · _	01/01/2024

96130	Psychological Interpretation And Reporting Following	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Testing, By Qualified Health Care Professional, First Hour	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96131	Each Additional Hour Of 96130 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96132	Neuropsychological Interpretation And Reporting Following	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Testing, By Qualified Health Care Professional, First Hour	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96133	Each Additional Hour Of 96132 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96136	Administration Of Psychological Or Neuropsychological	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Testing By Physician Or Psychologist, First 30 Minutes	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96137	Each Additional 30 Minutes Of 96136 (Not A Stand Alone	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Code)	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96138	Administration Of Psychological Or Neuropsychological	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Testing By A Technician, First 30 Minutes	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96139	Each Additional 30 Minutes Of 96138 (Not A Stand Alone	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Code)	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
96146	A Single Psychological Or Neuropsychological Test	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	Administration By Computer	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	_	Recommended Clinical Review
		avoid post-service review.			01/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	I Contraction of the second		_
S2102	Islet cell tissue transplant	avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	1		_
E0746	Electromyograph biofeedback	avoid post-service review.	11/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	1		_
0072T	US LEIOMYOMATA ABLATE >200	avoid post-service review.	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	1		_
0071T	US LEIOMYOMATA ABLATE <200	avoid post-service review.	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	I Contraction of the second		_
C9734	U/S trtmt not leiomyomata	avoid post-service review.	12/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	1		
64624	DSTRJ NULYT AGT GNCLR NRV	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 to	1		
0200T	PERQ SACRAL AUGMT UNILAT INJ	avoid post-service review.	1/1/2024	12/31/2999	Add effective 1/1/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0201T	PERQ SACRAL AUGMT BILAT INJ	avoid post-service review.	1/1/2024	12/31/2999	Add effective 1/1/2024
C9163	Talvey (talquetamab-tgvs)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
C9165	Elrexfio (elranatamab-bcmm)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
J1576	Panzyga (immune globulin intravenous, human-ifas)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
J9064	Cabazitaxel (sandoz)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
J9259	Paclitaxel protein-bound particles (american regent)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
J9286	Columvi (glofitamab-gxbm)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.			04/01/2024
J9321	Epkinly (epcoritamab-bysp)	MP Criteria: Procedure/service reviewed against Medical	4/1/2024		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to		_	Recommended Clinical Review
		avoid post-service review.			04/01/2024
J1726	Makena 10 Mg	MP Criteria: Procedure/service reviewed against Medical		1/1/2024	
	U U U U U U U U U U U U U U U U U U U	Policy Criteria. Submit for Recommended Clinical Review to	_		_
		avoid post-service review.			
J0897	Injection, Denosumab, 1 Mg, Prolia/Xgeva (Denosumab)	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	_		_
		avoid post-service review.			
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.			
Q5115	Inj Truxima 10 Mg	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review.			
Q5119	Inj Ruxience 10 Mg	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review.			
Q5123	Inj. Riabni 10 Mg	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	-	-	-
		avoid post-service review.			
J0881	Darbepoetin Alfa Non-Esrd	MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	-	-	-
		avoid post-service review.			
J0885	Epoetin Alfa Non-Esrd	MP Criteria: Procedure/service reviewed against Medical			
30000		Policy Criteria. Submit for Recommended Clinical Review to	-	-	-
		avoid post-service review.			
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J9312	Inj. Rituximab 10 Mg	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
		avoid post-service review.		
J0585	Injection Onabotulinumtoxina	MP Criteria: Procedure/service reviewed against Medical		
10000		Policy Criteria. Submit for Recommended Clinical Review to		_
		avoid post-service review.		
J0587	Inj Rimabotulinumtoxinb	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
		avoid post-service review.		
J0588	Xeomin (Incobotulinumtoxina)	MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
		avoid post-service review.		
J0485	Belatacept injection	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	_	Recommended Clinical Review
		avoid post-service review.	4/1/2024	04/01/2024
J3111	Inj. romosozumab aqqg 1 mg	MP Criteria: Procedure/service reviewed against Medical		Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	-	Recommended Clinical Review
		avoid post-service review.	4/1/2024	04/01/2024
J7183	Wilate injection	MP Criteria: Procedure/service reviewed against Medical	.,_,	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	. –	Recommended Clinical Review
		avoid post-service review.	4/1/2024	04/01/2024
J2354	Octreotide inj , non depot	MP Criteria: Procedure/service reviewed against Medical	.,_,	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	-	Recommended Clinical Review
		avoid post-service review.	4/1/2024	04/01/2024
Q2049	Imported Lipodox Inj	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
0,2010		Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
		avoid post-service review.		04/01/2024
J1412	Roctavian (Injection, valoctocogene roxaparvovec-rvox, per	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
51112	ml, containing nominal 2×10^{13} vector genomes)	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
		avoid post-service review.		04/01/2024
J1413	Elevidys (Injection, delandistrogene moxeparvovec-rokl, per		4/1/2024	Moved from PA to
51.10	therapeutic dose)	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
		avoid post-service review.		04/01/2024
J3401	Vyjuvek (Beremagene geperpavec-svdt for topical	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
33 101	administration, containing nominal 5 x 10^9 pfu/ml vector	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	genomes, per 0.1 ml)	avoid post-service review.		04/01/2024
81457	Solid organ neoplasm, genomic sequence analysis panel,	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
01437	interrogation for sequence variants; DNA analysis,	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	microsatellite instability	avoid post-service review.		04/01/2024
81458	Solid organ neoplasm, genomic sequence analysis panel,	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
01400	interrogation for sequence variants; DNA analysis, copy	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	number variants and microsatellite instability	avoid post-service review.		04/01/2024
81459	Solid organ neoplasm, genomic sequence analysis panel,		4/1/2024	Moved from PA to
81459	interrogation for sequence variants; DNA analysis panel,	MP Criteria: Procedure/service reviewed against Medical	-	Recommended Clinical Review
		Policy Criteria. Submit for Recommended Clinical Review to		
	combined DNA and RNA analysis, copy number variants,		'	04/01/2024
	microsatellite instability, tumor mutation burden, and	avoid post-service review.		
	rearrangements		1	

81462	Solid organ neoplasm, genomic sequence analysis panel, cell		4/1/2024	Moved from PA to
	free nucleic acid (eg, plasma), interrogation for sequence	MP Criteria: Procedure/service reviewed against Medical		Recommended Clinical Review
	variants; DNA analysis or combined DNA and RNA analysis,	Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	copy number variants and rearrangements	avoid post-service review.		01/01/2021
81463	Solid organ neoplasm, genomic sequence analysis panel, cell		4/1/2024	Moved from PA to
01-03	free nucleic acid (eg, plasma), interrogation for sequence	MP Criteria: Procedure/service reviewed against Medical		Recommended Clinical Review
		Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	variants; DNA analysis, copy number variants, and	avoid post-service review.		04/01/2024
81464	microsatellite instability Solid organ neoplasm, genomic sequence analysis panel, cell		4/1/2024	Moved from PA to
01404		MP Criteria: Procedure/service reviewed against Medical	4/1/2024 _	Recommended Clinical Review
	free nucleic acid (eg, plasma), interrogation for sequence	Policy Criteria. Submit for Recommended Clinical Review to		
	variants; DNA analysis or combined DNA and RNA analysis,			04/01/2024
	copy number variants, microsatellite instability, tumor	avoid post-service review.		
042011	mutation burden, and rearrangements		4/4/2024	Maria di Grana DA La
0420U	Oncology (urothelial), mRNA expression profiling by real-		4/1/2024 _	Moved from PA to
	time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and	MP Criteria: Procedure/service reviewed against Medical		Recommended Clinical Review
	CXCR2 in combination with droplet digital PCR (ddPCR)	Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	analysis of 6 single-nucleotide polymorphisms (SNPs) genes	avoid post-service review.		
	TERT and FGFR3, urine, algorithm reported as a risk score			
	for urothelial carcinoma			
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker		4/1/2024 _	Moved from PA to
	response to anti-cancer therapy using cell-free circulating			Recommended Clinical Review
	DNA, biomarker comparison to a previous baseline pre-	MP Criteria: Procedure/service reviewed against Medical		04/01/2024
	treatment cell-free circulating DNA analysis using next-	Policy Criteria. Submit for Recommended Clinical Review to		
	generation sequencing, algorithm reported as a quantitative	avoid post-service review.		
	change from baseline, including specific alterations, if			
	appropriate			
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel,	MP Criteria: Procedure/service reviewed against Medical	4/1/2024 _	Moved from PA to
	including variant analysis of 26 genes, buccal swab, report			Recommended Clinical Review
	including metabolizer status and risk of drug toxicity by	Policy Criteria. Submit for Recommended Clinical Review to	,	04/01/2024
	condition	avoid post-service review.		
0424U	Oncology (prostate), exosome-based analysis of 53 small		4/1/2024	Moved from PA to
	noncoding RNAs (sncRNAs) by quantitative reverse	MP Criteria: Procedure/service reviewed against Medical		Recommended Clinical Review
	transcription polymerase chain reaction (RT-gPCR), urine,	Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	reported as no molecular evidence, low-, moderate- or	avoid post-service review.		
	elevated-risk of prostate cancer			
0425U	Genome (eg, unexplained constitutional or heritable	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
	disorder or syndrome), rapid sequence analysis, each	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	comparator genome (eg, parents, siblings)	avoid post-service review.		04/01/2024
0426U	Genome (eg, unexplained constitutional or heritable	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
	disorder or syndrome), ultra-rapid sequence analysis	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
		avoid post-service review.		04/01/2024
0428U	Oncology (breast), targeted hybrid-capture genomic		4/1/2024	Moved from PA to
	sequence analysis panel, circulating tumor DNA (ctDNA)		-	Recommended Clinical Review
	analysis of 56 or more genes, interrogation for sequence	MP Criteria: Procedure/service reviewed against Medical		04/01/2024
	variants, gene copy number amplifications, gene	Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	rearrangements, microsatellite instability, and tumor	avoid post-service review.		
	mutation burden			

0433U	Oncology (prostate), 5 DNA regulatory markers by	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
	quantitative PCR, whole blood, algorithm, including prostate	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
	specific antigen, reported as likelihood of cancer	avoid post-service review.			04/01/2024
0434U	Drug metabolism (adverse drug reactions and drug	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
	response), genomic analysis panel, variant analysis of 25	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
	genes with reported phenotypes	avoid post-service review.			04/01/2024
0437U	Psychiatry (anxiety disorders), mRNA, gene expression	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
	profiling by RNA sequencing of 15 biomarkers, whole blood,	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
	algorithm reported as predictive risk score	avoid post-service review.			04/01/2024
0438U	Drug metabolism (adverse drug reactions and drug	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
	response), buccal specimen, gene-drug interactions, variant	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
	analysis of 33 genes, including deletion/duplication analysis	avoid post-service review.			04/01/2024
	of CYP2D6, including reported phenotypes and impacted				
		MP Criteria: Procedure/service reviewed against Medical			
05.4CT		Policy Criteria. Submit for Recommended Clinical Review to		42/24/2222	Add offective 01/01/2024
0546T	RF SPECTRSC NTRAOP MRGN ASMT	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 to			
		avoid post-service review.			Add effective 02/01/2024
0369U	IADNA GI PTHGN 31 ORG&21 ARG	avoid post-service review.	2/1/2024	4/30/2024	Retire effective 04/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0369U	IADNA GI PTHGN 31 ORG&21 ARG	one of our Clinical Payment and Coding Policy (CPCP).		5/15/2024 12/31/2999	Add effective 05/015/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			A -1-1 - 551104 /04 /2024
0201T	PERQ SACRAL AUGMT BILAT INJ	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 to			
0200T	PERQ SACRAL AUGMT UNILAT INJ	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 to			
0494T	PREP & CANNULI CDVR DON LUNG	avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
04057		Policy Criteria. Submit for Recommended Clinical Review to		12/24/2000	Add effective 02/01/2024
0495T	MNTR CDVR DON LNG 1ST 2 HRS	avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0496T	MNTR CDVR DON LNG EA ADDL HR	avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
10000		subject to pre-service review. Check EIU policy, which is			
L8603	Collagen imp urinary 2.5 ml	one of our Clinical Payment and Coding Policy (CPCP).		5/15/2024 12/31/2999	Add effective 05/15/2024
Q2049		Non Covered: Procedure/service not covered by the			
~	Imported Lipodox inj	Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
22836	ANT THRC VRT BODY TETHRG <7	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
דכסר	ANT THRC VRT BODY TETHRG 8+	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
22837		EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
838	REV RPLC/RMV THRC VRT TETHRG	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
22838		EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
סדרי	ARTHRD SI JT PRQ WO TFXJ DEV	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
27278	AKTIKO SI JI FKQ WO TI XJ DEV	EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
.242	NSL/SINUS NDSC RF ABLTJ PNN	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
.242	NSL/SINOS NDSC NEADEIS FINN	EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
1243	NSL/SINUS NDSC CRYOABLTJ PNN	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
245	NSL/SINOS NDSC CRTOABELJ PNN	EIU: Procedure/service not reimbursed by the Plan. Not		12/51/2999	
		subject to pre-service review. Check EIU policy, which is			Add offective OF (15 /2024
276	INSJ PHRNC NRV STIM SYS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
270		EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2333	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
277	INSJ PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP).		12/21/2000	Add effective 05/15/2024
277		EIU: Procedure/service not reimbursed by the Plan. Not	5/15/2024	12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
278	RMVL PHRNC NRV STIM SYS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
270		EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
279	RMVL PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
0275		EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add effective 05/15/2024
280	RMVL PHRNC NRV STIM PG ONLY	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	Add effective 05/15/2024
0200	RMIVE PHRICE NEV STINI PO UNET	EIU: Procedure/service not reimbursed by the Plan. Not		12/51/2999	
		subject to pre-service review. Check EIU policy, which is			Add offective OF (15/2024
281	REPOSG PHRNC NRV STIM TRNSVN	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/21/2000	Add effective 05/15/2024
201	REPOSE PHRINE INKY STIIVI TRINSVIN	EIU: Procedure/service not reimbursed by the Plan. Not		12/31/2999	
		subject to pre-service review. Check EIU policy, which is			Add offertive 05 (15 (2024
287				12/21/2000	Add effective 05/15/2024
287	RMV&RPLCMT PHRNC NRV STIM PG	one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not	5/15/2024	12/31/2999	
					Add offertive 05 (15 (2024
200		subject to pre-service review. Check EIU policy, which is		12/21/2000	Add effective 05/15/2024
288	RMV&RPLCMT PHRNC NRV STIM LD	one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not	5/15/2024	12/31/2999	
					Add offective OF /15/2024
204	CVCTO DV DALO CATULUDTI CTDV	subject to pre-service review. Check EIU policy, which is		12/21/2000	Add effective 05/15/2024
52284	CYSTO RX BALO CATH URTL STRX	one of our Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not	5/15/2024	12/31/2999	
					Add offortive OF /45/2024
52055		subject to pre-service review. Check EIU policy, which is		12/21/2000	Add effective 05/15/2024
53855	INSERT PROST URETHRAL STENT	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			
150		subject to pre-service review. Check EIU policy, which is		12/21/2000	Add effective 05/15/2024
3150	THERAPY ACTIVATION IPNSS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	

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

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