

## 2024 Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered Procedure Code List - Fully Insured Effective 1/1/2024 (Updated March 2024)

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

- PPO<sup>SM</sup>

-Blue Preferred EPO

-Blue Preferred Plus

-HMO

**Utilization Management Process** 

This file is a searchable PDF.

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

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

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

Procedure Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
	•	MP Criteria: Procedures/services reviewed against Medical			
00640	ANESTH SPINE MANIPULATION	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
00797	ANESTH SURGERY FOR OBESITY	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.			
0/95/	Weight Loss	Not subject to pre-service review.	_	_	_
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>Non Covered: Procedure/service not covered by the Plan.</td><td></td><td></td><td></td></w>	Non Covered: Procedure/service not covered by the Plan.			
11200	REMOVAL OF SKIN TAGS \W/15	Not subject to pre-service review.	_	_	_
11201	REMOVE SKIN TAGS ADD-ON	Non Covered: Procedure/service not covered by the Plan.			
11201	NLIVIOVE SKIN TAGS ADD-ON	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			
11920	Correct Skill Color 6.0 Citi/	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			
11921	Correct Skil Color 6.1-20.0Cm	· –	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical			
11022	C	,			
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 _	_	_	
		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 _		_	
		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 _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
11954	TX CONTOUR DEFECTS >10.0 CC	Policy Criteria. Submit for Recommended Clinical Review to _		_	
		avoid post-service review by BCBS.			
		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			
11970	RPLCMT TISS XPNDR PERM IMPLT	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		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.	-	<del>-</del>	
		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			
	5 5 5 7. 4 2 5 ma / Ma	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			
132,3	Skill Sub Graft Lace/14(4) Fill G	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			
132,0	Jan Jub Gratt 1/14/111/ G Addi	•	_	_	
		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			
13277	Skii Sub Gift i / iv/ iii/ G Ciiliu	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			
13278	Skii Sub Giit i / N/ III/ G Cii Add	•	-	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical			
15750	EDEE EACCIAL ELAD MUCDOVACO	·			
15758	FREE FASCIAL FLAP MICROVASC	Policy Criteria. Submit for Recommended Clinical Review to _	-	-	
		avoid post-service review by BCBS.			
45760	CDEC ALITOL COET TICC DID EVC	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 _	_	_	
		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 _			
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
15786	ABRASION LESION SINGLE	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
15787	ABRASION LESIONS ADD-ON	Policy Criteria. Submit for Recommended Clinical Review to _			
	7.5.0.0.0.1 225.0.1.0 7.00	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 _			
13,00	CHEMICAL PEEL FACE EPIDERM	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 _			
13703	CHEINICAL I LLL I ACL DENIVIAL		_	-	
		avoid post-service review by BCBS.			

		MD Critoria: Procedures/convices reviewed against Medical		
15702	CHEMICAL REEL MONEACIAL	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.		
45702	CHEMICAL REEL MONEACIAL	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		
15004	DE 10 VAL OF FOREUEAR MIRINIU ES	Policy Criteria. Submit for Recommended Clinical Review to	1/04/0004	S 04/04/0004
15824	REMOVAL OF FOREHEAD WRINKLES	avoid post-service review. Prior Authorization may be	1/31/2024	Remove effective 01/31/2024
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
15825	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		
		Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023		
15826	REMOVAL OF BROW WRINKLES	avoid post-service review. Prior Authorization may be	1/31/2024	Remove effective 01/31/2024
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
15828	REMOVAL OF FACE WRINKLES	Policy Criteria. Submit for Recommended Clinical Review to _		
13020	NEW OF THE WINNESS	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 _		
13629	REMOVAL OF SKIN WRITINES	avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
15020	EAC CRIM VDD	· · · · · · · · · · · · · · · · · · ·		
15830	EXC SKIN ABD	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
45000	EVOICE EVOESSIVE SIMIL TIMOU	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 _	_	_
		avoid post-service review by BCBS.		

		MD Critaria: Procedures/carvises reviewed against Medical			
45025	EVOICE EVOECONE CIVIN DUTTON	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			
13333	276.02 276233 311 & 7.0302	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			
13647	EXC 3KIN ABD ADD-ON	· =	_	_	
		avoid post-service review by BCBS.			
15076	SUSTION UPSETON AVUISADONISOV	MP Criteria: Procedures/services reviewed against Medical			
15876	SUCTION LIPECTOMY HEAD&NECK	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
	SUCTION LIPECTOMY TRUNK	MP Criteria: Procedures/services reviewed against Medical			
15877		Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		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.	=	_	
		Unlisted: Procedure/service not specifically defined or			
15999	UNLISTED PX EXC PRESSURE ULC	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 _			
17100	DESTRUCTION OF SKIN LESIONS		_	_	
		avoid post-service review by BCBS.			
17107	DESTRUCTION OF SWILL ESLONS	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	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		MP Criteria: Procedures/services reviewed against Medical			
17360	SKIN PEEL THERAPY	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	_	_	
		avoid post service review by bebs.			

		NAD Criteries Durandours (comings und anniver Nandice)		
17000	LIAID DE AOUAL DIVELECT DOLVEIS	MP Criteria: Procedures/services reviewed against Medical		
17380	HAIR REMOVAL BY ELECTROLYSIS	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
17999	UNLISTD PX SKN MUC MEMB SUBQ	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
10105	COVERNO ADLATE DA DACIA	MP Criteria: Procedures/services reviewed against Medical		
19105	CRYOSURG ABLATE FA EACH	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
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	4/14/2024	Retire effective 04/14/2024
15510	3031 ENSION OF BREAST	avoid post-service review. Prior Authorization may be	7/ 17/ 2027	Netire effective 04/14/2024
		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
19310	bleast neduction	avoid post-service review. Prior Authorization may be	1/31/2024	Reliiove ellective 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 _		
		avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
19350	BREAST RECONSTRUCTION	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	_	-
		MP Criteria: Procedures/services reviewed against Medical		
19355	CORRECT INVERTED NIPPLE(S)	Policy Criteria. Submit for Recommended Clinical Review to		
-5555	3323 25 12(3)	avoid post-service review by BCBS.	_	-
		MP Criteria: Procedures/services reviewed against Medical		
19357	TISS XPNDR PLMT BRST RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review to _		
1555,	1135 ALIADAT EMIL DIGIT INCHOLI	avoid post-service review by BCBS.	_	-
		avoid post-service review by BCB3.		

		MP Criteria: Procedures/services reviewed against Medical			
19370	REVJ PERI-IMPLT CAPSULE BRST	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	_	<del>-</del>	
		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 _			
2002/	ma del ermen cond m, eneme	avoid post-service review by BCBS.	-	<del>-</del>	
		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).	_	<del>-</del>	
		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).	_	<del>-</del>	
		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.	_	<del>-</del>	
		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).	_	<del>-</del>	
20000	LIANLISTED BY AMUSCOVEL CENEDAL	Unlisted: Procedure/service not specifically defined or			
20999	UNLISTED PX MUSCSKEL 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			
21009	UNLISTED WAXLECT PROSTE PX	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.			

		MD Criteria, Dresedure (coming regioned against Medical		
		MP Criteria: Procedure/service reviewed against Medical		
21125	Augmentation Lower Jaw Bone	Policy Criteria. Submit for Recommended Clinical Review to	4/14/2024	Retire effective 04/14/2024
		avoid post-service review. Prior Authorization 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	4/14/2024	Retire effective 04/14/2024
2112/	Augmentation Lower saw bone	avoid post-service review. Prior Authorization may be	4/ 14/ 2024	Retire effective 04/14/2024
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
2445	Lafart I A Diago NA/ Craft	Policy Criteria. Submit for Recommended Clinical Review to		
21145	Lefort I-1 Piece W/ Graft	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		
21146	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		
		Policy Criteria. Submit for Recommended Clinical Review to		
21147	Lefort I-3/> Piece W/ Graft	avoid post-service review. Prior Authorization may be-	_	_
		·		
		required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical		
	Lefort li Anterior Intrusion	Policy Critoria, Submit for Pocommonded Clinical Povious to		
21150		9/18/2023	_	_
		avoid post-service review. Prior Authorization may be		
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21151	Lefort Ii W/Bone Grafts	Policy Criteria. Submit for Recommended Clinical Review to		
	•	avoid post-service review. Prior Authorization may be	<del>-</del>	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21154	Lefort Iii W/O Lefort I	Policy Criteria. Submit for Recommended Clinical Review to		
2113	zerorem wyo zerorer	avoid post-service review. Prior Authorization may be	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
21155	Lefort Iii W/ Lefort I	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		
24450		Policy Criteria. Submit for Recommended Clinical Review to		
21159	Lefort Iii W/Fhdw/O Lefort I	avoid post-service review. Prior Authorization may be	-	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
	a manata and a	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.		
		required per contract agreement.		

		MP Criteria: Procedure/service reviewed against Medical
21188	Reconstruction Of Midface	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
21100	Neconstruction of imalace	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
21206	Reconstruct Upper Jaw Bone	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
		Delian Critaria Culturi for Decomposed of Clinical Devices to
21208	Augmentation Of Facial Bones	9/18/7073
		avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
21209	Reduction Of Facial Bones	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
21203	Reduction of Facial Bolles	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
21240	DECONSTRUCTION OF IAM	Non Covered: Procedure/service not covered by the Plan.
21248	RECONSTRUCTION OF JAW	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
21249	RECONSTRUCTION OF JAW	Not subject to pre-service review.
		Unlisted: Procedure/service not specifically defined or
21299	UNLISTED CRANFCL&MAXLFCL PX	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
21499	UNLISTED MUSCSKEL PX HEAD	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedures/services reviewed against Medical
21695	Liveid Mystemy & Cycnensian	Policy Criteria. Submit for Recommended Clinical Review to
21685	Hyoid Myotomy & Suspension	
		avoid post-service review by BCBS.
21899	UNLISTED PX NECK/THORAX	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
		MP Criteria: Procedures/services reviewed against Medical
22505	MANIPULATION OF SPINE	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
22526	IDET SINGLE 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
22527	IDET 1 OR MORE LEVELS	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
22586	ARTHRD PRE-SAC NTRBDY L5-S1	subject to pre-service review. Check EIU policy, which is
	THE SHOTTINGSTES SE	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
22867	INCLETABLE DEVIN/DOMPDN	
2200/	INSJ STABLJ DEV W/DCMPRN	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
22868	INSJ STABLJ DEV W/DCMPRN	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).

		EIU: Procedure/service not reimbursed by the Plan. Not			
22869	INSJ STABLJ DEV W/O DCMPRN	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
22870	INSJ STABLJ DEV W/O DCMPRN	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
22899	UNLISTED PROCEDURE SPINE	Unlisted: Procedure/service not specifically defined or			
22033	ONLISTED PROCEDURE SPINE	classified, maybe subject to contract/clinical review.	-	_	
22999	UNLISTED PX ABDOMEN MUSCSKEL	Unlisted: Procedure/service not specifically defined or			
22999	UNLISTED PX ABDOMEN MOSCSKEL	classified, maybe subject to contract/clinical review.	-	_	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review.			
23929	UNLISTED PROCEDURE SHOULDER	Unlisted or Undefined: Procedures/services not specifically —	_	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
		MP Criteria: Procedures/services reviewed against Medical			
24300	MNPJ ELBOW UNDER ANES	Policy Criteria. Submit for Recommended Clinical Review to			
2 .555	223011 0113211711120	avoid post-service review by BCBS.	-	_	
		Unlisted: Procedure/service not specifically defined or			
24999	UNLISTED PX HUMERUS/ELBOW	classified, maybe subject to contract/clinical review.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
25259	MANURUU ATE MARIET MAAANIEGTUEG	Policy Criteria. Submit for Recommended Clinical Review to _			
23239	MANIPULATE WRIST W/ANESTHES	<del>-</del>	-	_	
		avoid post-service review by BCBS.  Unlisted: Procedure/service not specifically defined or			
25999	UNLISTED PX FOREARM/WRIST	• • • • • • • • • • • • • • • • • • • •	_	_	
		classified, maybe subject to contract/clinical review.  MP Criteria: Procedures/services reviewed against Medical			
26240	MAANURUU ATE EINICER W/ANIECTU	·			
26340	MANIPULATE FINGER W/ANESTH	Policy Criteria. Submit for Recommended Clinical Review to _	-	<del>-</del> -	
		avoid post-service review by BCBS.			
25244		MP Criteria: Procedures/services reviewed against Medical			
26341	MANIPULAT PALM CORD POST INJ	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
26989	UNLISTED PX HANDS/FINGERS	Unlisted: Procedure/service not specifically defined or			
	<u> </u>	classified, maybe subject to contract/clinical review.	-		
		MP Criteria: Procedures/services reviewed against Medical			
27275	MANIPULATION OF HIP JOINT	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			
27299	UNLISTED PX PELVIS/HIP JOINT	avoid post-service review.			
	UNLISTED PX PELVIS/HIP JOINT	Unlisted or Undefined: Procedures/services not specifically —	-	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or			
21333	ONLISTED FATEINION/NIVEE	classified, maybe subject to contract/clinical review.	-	<del>-</del>	

27702	DESCRIPTION AND ELOUIT	MP Criteria: Procedures/services reviewed against Medical		
27703	RECONSTRUCTION ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical		
27860	FIXATION OF ANKLE JOINT	Policy Criteria. Submit for Recommended Clinical Review to _		
27800	TIXATION OF AINKLE JOHN	avoid post-service review by BCBS.		-
		Unlisted: Procedure/service not specifically defined or		
27899	UNLISTED PX LEG/ANKLE	classified, maybe subject to contract/clinical review.	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
28890	HI ENRGY ESWT PLANTAR FASCIA	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		Unlisted: Procedure/service not specifically defined or		
28899	UNLISTED PX FOOT/TOES	classified, maybe subject to contract/clinical review.	-	-
20440	Address Of Malles To Cost	Non Covered: Procedure/service not covered by the Plan.		
29440	Addition Of Walker To Cast	Not subject to pre-service review.	-	-
29799	UNLISTED PX CASTING/STRPG	Unlisted: Procedure/service not specifically defined or		
29799	UNLISTED PA CASTING/STRPG	classified, maybe subject to contract/clinical review.	_	-
		MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Policy Criteria. Submit for Recommended Clinical Review to _		Recommended Clinical Review
23800	AUTOM FINITENT MALE W/SCOTE	avoid post-service review by BCBS.		01/01/2024
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
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
				Moved from PA to
		MP Criteria: Procedures/services reviewed against Medical		Recommended Clinical Review
29916	HIP ARTHRO W/LABRAL REPAIR	Policy Criteria. Submit for Recommended Clinical Review to _	_	
		avoid post-service review by BCBS.		01/01/2024
		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		
,	MININGLARY COLLARDE ANYHARELI	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).	_	_
		and a country (or or ).		

		Unlisted: Procedure/service not specifically defined or			
		• • •			
20000	LINUSTED DROCEDURE NOCE	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.	<del>-</del>	<del>_</del>	
31899	UNLISTED PX TRACHEA BRONCHI	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.		<del>-</del>	
		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	ONLISTED I X LONGS & I LLONA	classified, maybe subject to contract/clinical review.	<del>-</del>		
		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 _	_	_	
33207		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.	_	_	
33275		MP Criteria: Procedures/services reviewed against Medical			
	Tcat Rmvl Perm Ldls Pm W/Img	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	<del>-</del>	_	
33285	INSJ SUBQ CAR RHYTHM MNTR	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			
33418	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review to _			
	2	avoid post-service review by BCBS.	_	-	
		arola pool service review by bebol			

		MD Critoria: Procedures/convices reviewed against Medical			
33419	DEDAID TOAT MITDAL MAINE	MP Criteria: Procedures/services reviewed against Medical			
33419	REPAIR TCAT MITRAL VALVE	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
33542		MP Criteria: Procedures/services reviewed against Medical			
	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			
33999	UNLISTED PX CARDIAC SURGERY	avoid post-service review.			
33333	UNLISTED IX CANDIAC SUNGERI	Unlisted or Undefined: Procedures/services not specifically —	_	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
26200	LINUIGTED DV VACCUU AD NUV	Unlisted: Procedure/service not specifically defined or			
36299	UNLISTED PX VASCULAR NJX	classified, maybe subject to contract/clinical review.	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
36465	NJX NONCMPND SCLRSNT 1 VEIN	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
36466	NJX NONCMPND SCLRSNT MLT VN	Policy Criteria. Submit for Recommended Clinical Review to			
36466	TO THE SECTION WE THE SECTION WILL THE	avoid post-service review by BCBS.	_	_	
		MP Criteria: Procedures/services reviewed against Medical			
36468	NJX SCLRSNT SPIDER VEINS	Policy Criteria. Submit for Recommended Clinical Review to _			
30400		avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
26470	NJX SCLRSNT 1 INCMPTNT VEIN	•			
36470		Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
36471	ALIV COLDON TAME IN COMPTAINT AND	MP Criteria: Procedures/services reviewed against Medical			
36471	NJX SCLRSNT MLT INCMPTNT VN	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
26472		EIU: Procedure/service not reimbursed by the Plan. Not			
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	subject to pre-service review. Check EIU policy, which is	-	_	
00.70		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
36474	ENDOVENOUS MCHNCHEM ADD-ON	subject to pre-service review. Check EIU policy, which is	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
	ENDOVENOUS RF 1ST VEIN	MP Criteria: Procedures/services reviewed against Medical			
36475		Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
36476		MP Criteria: Procedures/services reviewed against Medical			
	ENDOVENOUS RF VEIN ADD-ON	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
	ENDOVENOUS LASER 1ST VEIN	MP Criteria: Procedures/services reviewed against Medical			
36478		Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.	<del>-</del>	_	
		MP Criteria: Procedures/services reviewed against Medical			
36479	ENDOVENOUS LASER VEIN ADDON	Policy Criteria. Submit for Recommended Clinical Review to _			
	-	avoid post-service review by BCBS.	_	<del>-</del>	

		MP Criteria: Procedures/services reviewed against Medical
36482	ENDOVEN THER CHEM ADHES 1ST	Policy Criteria. Submit for Recommended Clinical Review to
		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
		avoid post-service review by BCBS.
		MP Criteria: Procedure/service reviewed against Medical
36516	Apheresis Immunoads Slctv	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023
30310	Apriciosis illinarioads siece	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
		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
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
	PHOTOPHERESIS	Policy Criteria. Submit for Recommended Clinical Review to
36522		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
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	TRANSCATH STENT CCA W/O EPS	Policy Criteria. Submit for Recommended Clinical Review to
		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
		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
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
37241	VASC EMBOLIZE/OCCLUDE VENOUS	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
		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
		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
	•	avoid post-service review by BCBS.
27504	LIANUSTED MACCENIDOSCODIVIDA	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	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 _	_	_	
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
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			
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.			
		MP Criteria: Procedures/services reviewed against Medical			
37760	LIGATE LEG VEINS RADICAL	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
37700		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 _	_	_	
07702		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 _	_	_	
37700		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.			
27700	LIAN ISTED DV VASCULI AD SUDSEDV	Unlisted: Procedure/service not specifically defined or			
37799	UNLISTED PX VASCULAR SURGERY	classified, maybe subject to contract/clinical review.	-	_	
20420	LIANUICTED LADC DV CDUEEN	Unlisted: Procedure/service not specifically defined or			
38129	UNLISTED LAPS PX SPLEEN	classified, maybe subject to contract/clinical review.	-	_	
	LIGATE/DIVIDE/EXCISE VEIN	MP Criteria: Procedures/services reviewed against Medical			
37785		Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
38204	BL DONOR SEARCH MANAGEMENT	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 9/18/2023			
38206	HARVEST AUTO STEM CELLS	9/18/2023 avoid post-service review. Prior Authorization may be	_	_	
		required per contract agreement.			
		. equ. ea per contract abreement			

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
38205	HARVEST ALLOGENEIC STEM CELL	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			
38207	CRYOPRESERVE STEM CELLS	avoid post-service review. Prior Authorization may be-	_	_	
		required per contract agreement.  MP Criteria: Procedures/services reviewed against Medical			
20200	THAN DRECEDVED CTEM CELLS				
38208	THAW PRESERVED STEM CELLS	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
	AMAGU MARUFET ETEAA OFING	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			
2022	2015 11122011111211557 111 0051	Policy Criteria. Submit for Recommended Clinical Review to			
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			
38232	BONE MARROW HARVEST AUTOLOG	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023			
		9/18/2023 avoid post-service review. Prior Authorization may be-	_	-	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
		Deligy Critaria Submit for Decempended Clinical Review to			
38241	TRANSPLT AUTOL HCT/DONOR	avoid post-service review. Prior Authorization may be-	_	_	
		·			
		required per contract agreement.			

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Not subject to pre-service review.  41821 Excision Of Gum Flap  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  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.  Ala28  Excision Of Gum Lesion  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.  Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	41020	Evoision Cum Fook Quadrant	Non Covered: Procedure/service not covered by the Plan.		
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A1828 Excision Of Gum Lesion  Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  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. Not subject to pre-service review.					
A1828 Excision Of Gum Lesion  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.  Not subject to pre-service review.	1823 Excision Of Gum Lesion	Excision Of Gum Lesion		-	_
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A1830 Removal Of Gum Tissue Non Covered: Procedure/service not covered by the Plan.  Not subject to pre-service review	41828	Excision Of Gum Lesion	•	-	_
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		Removal Of Gum Tissue		-	_
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41870 Gum Graft Not subject to pre-service review.	41870	Gum Graft		_	_
			Non Covered: Procedure/service not covered by the Plan.		
NOD LOVERED. STOCERUITE/SERVICE NOT COVERED BY THE PIZO	41872	Repair Gum		_	_
418/2 Repair Gum					
Not subject to pre-service review.	41874	Repair Tooth Socket		_	_
Not subject to pre-service review			Not subject to pre-service review.		

		Unlisted: Procedure/service not specifically defined or			
41899	UNLISTED PX DENTALVLR STRUX	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
42299	UNLISTED PX PALATE UVULA	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
42699	UNLISTED PX SALIVRY GLND/DUX	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
42999	UNLISTED PX PHRNX ADND/TNSL	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			
45200	ESOPH OPTICAL ENDOWICKOSCOPT		_	-	-
		one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedures/services reviewed against Medical			
38308	INCICION OF LVAADIL CHANNELS				
36306	INCISION OF LYMPH CHANNELS	Policy Criteria. Submit for Recommended Clinical Review to	_	_	-
		avoid post-service review by BCBS.			
42252	ECD ODTICAL ENDONNICROSCORY	EIU: Procedure/service not reimbursed by the Plan. Not			
43252	EGD OPTICAL ENDOMICROSCOPY	subject to pre-service review. Check EIU policy, which is	-	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
42226	LIDDD OLGOODS W/GUDANIG MU	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		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		1/1/2023	-	_
		one of our Clinical Payment and Coding Policy (CPCP).			
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted: Procedure/service not specifically defined or			
10.55		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	_	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			_
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			
73033	ONLISTED EN STATIONINGT	classified, maybe subject to contract/clinical review.	_	-	_
		MP Criteria: Procedures/services reviewed against Medical			
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	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	_	_	_
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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 ANUS	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.	<del>-</del>	_
		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.		
47379	UNLISTED LAPS PX LIVER	Unlisted: Procedure/service not specifically defined or		
17373	CHESTED ENISTINEIVEN	classified, maybe subject to contract/clinical review.	<del>-</del>	-
		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 _	_	_
		avoid post-service review by BCBS.		
47399	UNLISTED PROCEDURE LIVER	Unlisted: Procedure/service not specifically defined or		
7/333	SHEISTED I NOCEDONE LIVEN	classified, maybe subject to contract/clinical review.	_	_
47579	UNLISTED LAPS PX BILIARY TRC	Unlisted: Procedure/service not specifically defined or		
71313	ONLISTED LAFS FA DILIANT TRC	classified, maybe subject to contract/clinical review.	<del>-</del>	-
47999	UNLISTED PX BILIARY TRACT	Unlisted: Procedure/service not specifically defined or		
4/333	UNLISTED PA BILIART TRACT	classified, maybe subject to contract/clinical review.	<del>-</del>	_
48000	LINUISTED DROCEDURE DANIEREAS	Unlisted: Procedure/service not specifically defined or		
48999	UNLISTED PROCEDURE PANCREAS	classified, maybe subject to contract/clinical review.	-	-
40220	LINUSTR LARG BY ARR REPTAGGONAL	Unlisted: Procedure/service not specifically defined or		
49329	UNLSTD LAPS PX ABD PERTM&OMN	classified, maybe subject to contract/clinical review.	_	-
		Unlisted: Procedure/service not specifically defined or		
49659	UNLSTD LAPS PX HRNAP HRNRPHY	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
49999	UNLISTED PX ABD PERTM&OMN	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 _		
1, 300	OF EN ADEATE LIVER FORMOR IN	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 _		
4/302	FUNCUI ADLATE LIVEN NF	·	_	_
		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 _		
30230	CRIOADLATE REINAL IVIASS OPEN	avoid post-service review by BCBS.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Critoria. Submit for Pacammandad Clinical Povious to		
50360	TRANSPLANTATION OF KIDNEY	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		
50949	UNLISTED LAPS PX URETER	·	_	_
		classified, maybe subject to contract/clinical review.  MP Criteria: Procedures/services reviewed against Medical		
F0F02	DEDC DE ADLATE DENALTUMOD	·		
50592	PERC RF ABLATE RENAL TUMOR	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		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.		
50503	DEDC COVO ADLATE DENIAL THAA	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.		
54745	ENDOCOODIC INVESTIGATION (IN ADLANIT	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		
		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 _	5/14/2024	Retire effective 05/14/2024
		avoid post-service review by BCBS.		
54125		MP Criteria: Procedures/services reviewed against Medical		
	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.		
_				

		MP Criteria: Procedures/services reviewed against Medical			
54235	Penile Injection	Policy Criteria. Submit for Recommended Clinical Review to _			
34233	refille lifjection	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			
34400	INSERT SEMI-RIGID I ROSTITESIS	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 _			
34401	INSERT SELF-CONTD PROSTRESIS	<del>-</del>	_	_	
		avoid post-service review by BCBS.  Unlisted: Procedure/service not specifically defined or			
54699	UNLISTED LAPS PX TESTIS		_	_	
		classified, maybe subject to contract/clinical review.			
55559	UNLSTD LAPS PX SPRMATIC CORD	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
F 4 4 0 F	INCEPT AND THE COMP DENIE DOOR	MP Criteria: Procedures/services reviewed against Medical			
54405	INSERT MULTI-COMP PENIS PROS	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			
55899	UNLISTED PX MALE GENITAL SYS	avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically	_	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
	REVISION OF TESTIS	MP Criteria: Procedures/services reviewed against Medical			
54660		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 _	_	_	
33000		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 _	_	_	
3370		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.			
56810		MP Criteria: Procedures/services reviewed against Medical			
	REPAIR OF PERINEUM	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
	CONSTRUCTION OF VAGINA	MP Criteria: Procedures/services reviewed against Medical			
57291		Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		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.			
		· · · · · · · · · · · · · · · · · · ·			

		Halled and December 1 and the Control of Con		
58578	UNLISTED LAPS PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
58579	UNLISTED HYSTSC PX UTERUS	•	_	_
		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.	<del>-</del>	-
		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		
59897	UNLISTED FETAL INVAS PX W/US	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
59898	UNLSTD LAPS PX MAT CARE&DLVR	classified, maybe subject to contract/clinical review.	_	-
		Unlisted: Procedure/service not specifically defined or		
59899	UNLISTED PX MAT CARE&DLVR	classified, maybe subject to contract/clinical review.	_	-
		Unlisted: Procedure/service not specifically defined or		
60659	UNLISTED LAPS PX ENDOC SYS	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
		•		
60699	UNLISTED PX ENDOCRINE SYSTEM	avoid post-service review.	_	_
		Unlisted or Undefined: Procedures/services not specifically		
		defined or classified, maybe subject to contract/clinical		
		review.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
61630	INTRACRANIAL ANGIOPLASTY	subject to pre-service review. Check EIU policy, which is	_	_
		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 _	_	_
		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		
		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 _		
01000		avoid post-service review by BCBS.	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
62263	EPIDURAL LYSIS MULT SESSIONS	subject to pre-service review. Check EIU policy, which is		
02203	LFIDORAL LISIS WICLI SESSIONS		_	-
		one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not		
62264	EDIDLIDAL LYCIC ON CINCLE DAY			
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		
64582	OPN MPLTJ HPGLSL NSTM ARY PG	Policy Criteria. Submit for Recommended Clinical Review to	3/31/2024	Retire effective 03/31/2024
		avoid post-service review. Prior Authorization may be		
		required per contract agreement.		
54500	TD1 11 DCTD 1 DC DV1 1 CT 0 1 /C	EIU: Procedure/service not reimbursed by the Plan. Not		
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).		
54500	TD141 DCTD110C DVA154 ADD1	EIU: Procedure/service not reimbursed by the Plan. Not		- - - - - - - - -
64629	TRML DSTRJ IOS BVN EA ADDL	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: 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.		
03700	REVISION OF CORNEA	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.	<del>-</del>	-
		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.	<del>-</del>	-
		MP Criteria: Procedures/services reviewed against Medical		
66179	AQUEOUS SHUNT EYE W/O GRAFT	Policy Criteria. Submit for Recommended Clinical Review to _		
00173	AQUEUUS SHOWLETE W/O GIVALT	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 _		
00100	AQUEDUS SHOWLETE W/GIMIT	avoid post-service review by BCBS.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
66183	INSERT ANT DRAINAGE DEVICE			
00102	INSERT AINT DRAINAGE DEVICE	Policy Criteria. Submit for Recommended Clinical Review to _	_	
		avoid post-service review by BCBS.		

		Halistad Duagdon / on in a standifically defined on	
66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
67299	UNLISTED PX POSTERIOR SEGMNT		
		classified, maybe subject to contract/clinical review.	
67399	UNLISTED PX EXTRAOCULAR MUSC	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
67599	UNLISTED PROCEDURE ORBIT	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
67900	REPAIR BROW DEFECT	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
07900	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	
00331	ACA SECTIONIVE MOST	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
67001	DEDAID EVELID DEFECT		
67901	REPAIR EYELID DEFECT	Policy Criteria. Submit for Recommended Clinical Review to	
		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	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
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.	
		Unlisted: Procedure/service not specifically defined or	
67999	UNLISTED PROCEDURE EYELIDS	classified, maybe subject to contract/clinical review.	
		Unlisted: Procedure/service not specifically defined or	
68399	UNLISTED PX CONJUNCTIVA	classified, maybe subject to contract/clinical review.	
68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or	
		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.	
60200	LINUISTED DV EVTEDNAL FAD	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 Criteria. Due and man/anniana annian and anniant NA adiant		
		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		
03711	implant remple bone wystimu	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		
		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			
69706	NPS SURG DILAT EUST TUBE BI	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		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 _	-	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
69719	RPLCM OI IMPLT SK TC ESP<100	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
60700	LINUISTED DV MIDDLE FAD	Unlisted: Procedure/service not specifically defined or		
69799	UNLISTED PX MIDDLE EAR	classified, maybe subject to contract/clinical review.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
69930	Implant Cochlear Device	avoid post-service review. Prior Authorization may be	-	_
		required per contract agreement.		
		Unlisted: Procedure/service not specifically defined or		
69949	UNLISTED PX INNER EAR	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
69979	UNLISTED PX TEMPORAL BONE		_	_
		classified, maybe subject to contract/clinical review.		
76496	UNLISTED FLUOROSCOPIC PX	Unlisted: Procedure/service not specifically defined or		_
		classified, maybe subject to contract/clinical review.		_
76497	UNLISTED CT PROCEDURE	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		_
76498	UNLISTED MR PROCEDURE	Unlisted: Procedure/service not specifically defined or		
70438	ONLISTED WINT NOCEDONE	classified, maybe subject to contract/clinical review.	-	_
76400	LINILISTED DV DADIOCDADHIC DV	Unlisted: Procedure/service not specifically defined or		
76499	UNLISTED DX RADIOGRAPHIC PX	classified, maybe subject to contract/clinical review.	-	-
76000	ECULO EVANUNATION PROCESSION	Unlisted: Procedure/service not specifically defined or		
76999	ECHO EXAMINATION PROCEDURE	classified, maybe subject to contract/clinical review.	-	-
		Unlisted: Procedure/service not specifically defined or		
77299	UNLISTED PX THER RAD TX PLNG	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
77399	UNLISTED PX MED RADJ PHYSICS	classified, maybe subject to contract/clinical review.	_	_
		ciassinea, maybe subject to contract/clinical review.		

77499	UNLISTED PX THER RAD TX MGMT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
77799	UNLISTED PX CLIN BRACHYTX	
		classified, maybe subject to contract/clinical review.
78099	UNLISTED ENDOCRINE PX DX NUC	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
78199	UNLSTD HEMATOP RET/ENDO LYMP	Unlisted: Procedure/service not specifically defined or
,0133		classified, maybe subject to contract/clinical review.
78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or
70233	ONLISTED GIT X DX NOC WILD	classified, maybe subject to contract/clinical review.
78399	LINILISTED MUSCOVEL DV DV NUIC	Unlisted: Procedure/service not specifically defined or
78399	UNLISTED MUSCSKEL PX DX NUC	classified, maybe subject to contract/clinical review.
70.400	HALLSTED CLUBY BY ALLICANED	Unlisted: Procedure/service not specifically defined or
78499	UNLISTED CV PX DX NUC MED	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
78599	UNLISTED RESP PX DX NUC MED	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
78699	UNLISTED NRVS SYS PX DX NUC	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
78799	UNLISTED GU PX DX NUC MED	
		classified, maybe subject to contract/clinical review.
78999	UNLISTED MISC PX DX NUC MED	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
79999	RP THERAPY UNLISTED PX	Unlisted: Procedure/service not specifically defined or
, 5555	THE THE STEET IN	classified, maybe subject to contract/clinical review.
80299	QUANTITATIVE ASSAY DRUG	Unlisted: Procedure/service not specifically defined or
80299	QUANTITATIVE ASSAT DROG	classified, maybe subject to contract/clinical review.
01000	LINUICTED LIDINALVCIC DV	Unlisted: Procedure/service not specifically defined or
81099	UNLISTED URINALYSIS PX	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review to
81479	UNLISTED MOLECULAR PATHOLOGY	avoid post-service review. Prior Authorization may be
		required per contract agreement.
		Unlisted: Procedure/service not specifically defined or
81599	UNLISTED MAAA	classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
02522	COLLA CENI CDOSCLINIVO	
82523	COLLAGEN CROSSLINKS	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
69728	RMV NTR OI IMP SK TC>=100	Policy Criteria. Submit for Recommended Clinical Review to 1/1/2023
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
83695	ASSAY OF LIPOPROTEIN(A)	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
83698	ASSAY LIPOPROTEIN PLA2	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		one or our common agricultural country to or fr

		EIU: Procedure/service not reimbursed by the Plan. Not
83701	LIPOPROTEIN BLD HR FRACTION	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
83704	LIPOPROTEIN BLD QUAN PART	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
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).
		EIU: Procedure/service not reimbursed by the Plan. Not
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).
0.4000	LIAN ISTED CHEANGERY DROOFDURE	Unlisted: Procedure/service not specifically defined or
84999	UNLISTED CHEMISTRY PROCEDURE	classified, maybe subject to contract/clinical review.
05000	LIAU ISTED LIENANTOLOGYI CON CLIDY	Unlisted: Procedure/service not specifically defined or
85999	UNLISTED HEMATOLOGY&COAGJ PX	classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
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).
		MP Criteria: Procedures/services reviewed against Medical
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.
		MP Criteria: Procedures/services reviewed against Medical
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).
		one of our current ayment und county to or j.

86413		EIU: Procedure/service not reimbursed by the Plan. Not			
	SARS-COV-2 ANTB QUANTITATIVE	subject to pre-service review. Check EIU policy, which is	6/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
00400	CIVINI TECT LIMILICTED ANTICAL EA	Unlisted: Procedure/service not specifically defined or			
86486	SKIN TEST UNLISTED ANTIGN EA	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	6/1/2023		
		one of our Clinical Payment and Coding Policy (CPCP).	., ,	<del>_</del>	_
		Unlisted: Procedure/service not specifically defined or			
86849	IMMUNOLOGY PROCEDURE	classified, maybe subject to contract/clinical review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
86910	BLOOD TYPING PATERNITY TEST		_	_	_
		Not subject to pre-service review.			
86911	BLOOD TYPING ANTIGEN SYSTEM	Non Covered: Procedure/service not covered by the Plan.			_
		Not subject to pre-service review.			_
		MP Criteria: Procedures/services reviewed against Medical			
86352	Cell Function Assay W/Stim	Policy Criteria. Submit for Recommended Clinical Review to	_	_	-
		avoid post-service review by BCBS.			
86999	UNLISTED TRANSFUSION MED PX	Unlisted: Procedure/service not specifically defined or			
00999	UNLISTED TRANSPOSION WED 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			
00330	Ecologic Transform	avoid post-service review by BCBS.	_	_	-
		MP Criteria: Procedures/services reviewed against Medical			
87505	NFCT AGENT DETECTION GI				
87303	NFCI AGENT DETECTION GI	Policy Criteria. Submit for Recommended Clinical Review to	-	_	-
		avoid post-service review by BCBS.			
87797	DETECT AGENT NOS DNA DIR	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.			_
87798	DETECT AGENT NOS DNA AMP	Unlisted: Procedure/service not specifically defined or			
07730	DETECT/NOENT NOS BIN///NIVII	classified, maybe subject to contract/clinical review.	_		_
87799	DETECT AGENT NOS DNA QUANT	Unlisted: Procedure/service not specifically defined or			
67799	DETECT AGENT NOS DINA QUANT	classified, maybe subject to contract/clinical review.	_	_	-
07000	A CENT NOS ASSAVIM/ODTIC	Unlisted: Procedure/service not specifically defined or			
87899	AGENT NOS ASSAY W/OPTIC	classified, maybe subject to contract/clinical review.	-	_	-
		Unlisted: Procedure/service not specifically defined or			
87999	UNLISTED MICROBIOLOGY PX	classified, maybe subject to contract/clinical review.	_	_	-
		Non Covered: Procedure/service not covered by the Plan.			
88000	AUTOPSY (NECROPSY) GROSS	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88005	AUTOPSY (NECROPSY) GROSS	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88007	AUTOPSY (NECROPSY) GROSS	· · · · · · · · · · · · · · · · · · ·	_	_	_
		Not subject to pre-service review.			
88012	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.			
	· '	Not subject to pre-service review.	=	=	

88014	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan.  Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88016	AUTOPSY (NECROPSY) GROSS	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88020	AUTOPSY (NECROPSY) COMPLETE	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88025	AUTOPSY (NECROPSY) COMPLETE	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88027	AUTOPSY (NECROPSY) COMPLETE	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88028	AUTOPSY (NECROPSY) COMPLETE	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88029	AUTOPSY (NECROPSY) COMPLETE	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88036	LIMITED AUTOPSY	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88037	LIMITED AUTOPSY	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88040	FORENSIC AUTOPSY (NECROPSY)	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
88045	CORONERS AUTOPSY (NECROPSY)	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			-
88033	UNLISTED NECKOFST (AUTOFST)	defined or classified, maybe subject to contract/clinical	-	-	
		review.  Unlisted: Procedure/service not specifically defined or			
88199	UNLISTED CYTOPATHOLOGY PX	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
88299	UNLISTED CYTOGENETIC STUDY	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			
003/3	OPTICAL ENDOWICKOSCPY INTERP	one of our Clinical Payment and Coding Policy (CPCP).	-	_	-
		Unlisted: Procedure/service not specifically defined or			
88399	UNLISTED SURGICAL PATH PX	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
88749	UNLISTED IN VIVO LAB SERVICE	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
89240	UNLISTED MISC PATH TEST	classified, maybe subject to contract/clinical review.	-	_	-
		Non Covered: Procedure/service not covered by the Plan.			
89258	CRYOPRESERVATION EMBRYO(S)	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			
07300		avoid post-service review by BCBS.	_	_	-
		and part to meet of order of popular			

		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.			
		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.			
89346	STORAGE/YEAR OOCYTE(S)	Non Covered: Procedure/service not covered by the Plan.			
	(-,	Not subject to pre-service review.			
89398	UNLISTED REPROD MED LAB PROC	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical			
90378	RSV MAB IM 50MG	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review. Prior Authorization may be	_	_	
		required per contract agreement.			
90399	UNLISTED IMMUNE GLOBULIN	Unlisted: Procedure/service not specifically defined or	_	_	
		classified, maybe subject to contract/clinical review.			
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the Plan.	_	_	
		Not subject to pre-service review.			
90689	Vacc liv4 No Prsrv 0.25Ml Im	Non Covered: Procedure/service not covered by the Plan.	_	_	
		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 _			
03343	STORAGE/TEAR SPERIORSEINEN	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 _			
03344	STORAGE/TEAR RELIGION 11330E	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 _			
30007		avoid post-service review by BCBS.	_	<del>-</del>	
90868		MP Criteria: Procedures/services reviewed against Medical			
	TCRANIAL MAGN STIM TX DELI	Policy Criteria. Submit for Recommended Clinical Review to			
	- · · · · · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	_	_	
		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.	_	-	
		2.2.2.   200.00.   2.2.0.   2.2.0.			

		MP Criteria: Procedures/services reviewed against Medical		
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.		
90880	HYPNOTHERAPY	Non Covered: Procedure/service not covered by the Plan.		
90880	HTPNOTHERAPT	Not subject to pre-service review.	-	-
90885	PSY EVALUATION OF RECORDS	Non Covered: Procedure/service not covered by the Plan.		
30883	131 EVALUATION OF RECORDS	Not subject to pre-service review.	_	-
90889	PREPARATION OF REPORT	Non Covered: Procedure/service not covered by the Plan.		
30003	THE ANATION OF REPORT	Not subject to pre-service review.		-
90899	UNLISTED PSYC SVC/THERAPY	Unlisted: Procedure/service not specifically defined or		
30033	ONLISTED I STC SVC/ ITTERAL I	classified, maybe subject to contract/clinical review.	=	-
		MP Criteria: Procedures/services reviewed against Medical		
90875	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		Retire effective 12/31/2023
		MP Criteria: Procedures/services reviewed against Medical		
90876	PSYCHOPHYSIOLOGICAL THERAPY	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		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		
30333	ONEISTED DINEISIST NOCEDONE	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.		
		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
91132	ELECTRODASTROGRAFIII	
		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).
01200	LIMITED DV CLDDOCEDUDE	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.
		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).
		Non Covered: Procedure/service not covered by the Plan.
92340	Fit Spectacles Monofocal	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
92341	Fit Spectacles Bifocal	Not subject to pre-service review.
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan.
32331	The openion of the op	Not subject to pre-service review.
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan.
92333	Fit Spectacies 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.
		Unlisted: Procedure/service not specifically defined or
92499	UNLISTED OPH SVC/PROCEDURE	classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
02542	NACAL FUNCTION CTUDIES	
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).
		2 2 2 2 ayındır ana 300 (ö. 3. ).

92519		EIU: Procedure/service not reimbursed by the Plan. Not		
	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		
32700	ONLISTED ONE SERVICE/TX	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	LINUISTED CV CVC/PROCERVING	Unlisted: Procedure/service not specifically defined or		
93799	UNLISTED CV SVC/PROCEDURE	classified, maybe subject to contract/clinical review.	-	-
02000	LIAULISTE ALGABANIVAS VIASS DV STE	Unlisted: Procedure/service not specifically defined or		
93998	UNLISTD NONINVAS VASC DX STD	classified, maybe subject to contract/clinical review.	-	-

		EIU: Procedure/service not reimbursed by the Plan. Not
94014	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
94016	REVIEW PATIENT SPIROMETRY	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
0.4450		Non Covered: Procedure/service not covered by the Plan.
94452	HAST W/REPORT	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
94453	HAST W/OXYGEN TITRATE	Not subject to pre-service review.
		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
33733	carata nemas, memer	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
33703	Leg W/O VIO 2 12 III Olimilia	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
33700	Leg Wo Via 2 1211 Hant What	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
55707	Leg W/O via 2-12111 Cont Winti	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
33700	LEE AND AIR TO TOUR OUTILITY	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
33703	Leg W/O via ca 12-2001 IIItilit	
		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	
		· – –	-
		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.	
95713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	
95714	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	-
		avoid post-service review by BCBS.	
	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedures/services reviewed against Medical	
95715		Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	
95716	Veeg Ea 12-26Hr Cont Mntr	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to _	_
		avoid post-service review by BCBS.	
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to _	_
		avoid post-service review by BCBS.	
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedures/services reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to _	_
		avoid post-service review by BCBS.	
95720 95721	Eeg Phy/Qhp Ea Incr W/Veeg	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	
	Eeg Phy/Qhp>36<60 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	
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	-
	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical	
95723		Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	-
	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical	
95724		Policy Criteria. Submit for Recommended Clinical Review to	
33,21		avoid post-service review by BCBS.	_
		MP Criteria: Procedures/services reviewed against Medical	
95725	Eeg Phy/Qhp>84 Hr W/O Vid	Policy Criteria. Submit for Recommended Clinical Review to	
33/23	ceg riiy/Qiip>o4 ni w/O via	<del>_</del>	-
		avoid post-service review by BCBS.	

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		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
33333	UNLISTED NEUROLOGICAL DX FX	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.
06270	LINE THE PORCE OF COMME	Unlisted: Procedure/service not specifically defined or
96379	UNL THER/PROP/DIAG INJ/INF	classified, maybe subject to contract/clinical review.
06540	LINII ISTED CHEMOTUEDADV DV	Unlisted: Procedure/service not specifically defined or
96549	UNLISTED CHEMOTHERAPY PX	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
		avoid post-service review by BCBS.
		· · · · · · · · · · · · · · · · · · ·

		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 _	_	_	
		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.			
00000	LIAN ICTED CDEC DERM CVC/DV	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			
37039	ONLISTED MODALITY		-	-	
		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 _			
37133	ONLISTED MENALEONETA	Authorization may be required per contract agreement.	-	-	
		Authorization may be required per contract agreement.			
97169	Athletic Trn Eval Low Cmplx	Non Covered: Procedure/service not covered by the Plan.			
37103	Achiede IIII Eval Low Chipix	Not subject to pre-service review.	_	_	
97170	Athletic Trn Eval Mod Cmplx	Non Covered: Procedure/service not covered by the Plan.			
37170	Atmetic IIII Evan Wood Citipix	Not subject to pre-service review.	_	_	
97171	Athletic Trn Eval High Comply	Non Covered: Procedure/service not covered by the Plan.			
5/1/1	Athletic Trn Eval High Cmplx	Not subject to pre-service review.	-	-	
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan.			
3/1/2	Auneuc IIII Re-Eval Plan Ci	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 _	_	_	
		avoid post-service review by BCBS.			
		·			

		MP Criteria: Procedures/services reviewed against Medical
96936	Rcm Celulr Subcelulr Img Skn	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
97610	LOW FREQUENCY NON-THERMAL US	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or
37733	ONLISTED FITTSCE WILD/ RETIABLEX	classified, maybe subject to contract/clinical review.
00024	Docton Follow Un Vicit	Non Covered: Procedure/service not covered by the Plan.
99024	Postop Follow-Up Visit	Not subject to pre-service review.
00006	IN-HOSPITAL ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan.
99026	IN-HOSPITAL ON CALL SERVICE	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
99027	OUT-OF-HOSP ON CALL SERVICE	Not subject to pre-service review.
		Unlisted: Procedure/service not specifically defined or
99050	MEDICAL SERVICES AFTER HRS	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
99056	MED SERVICE OUT OF OFFICE	classified, maybe subject to contract/clinical review.
		Unlisted: Procedure/service not specifically defined or
99058	OFFICE EMERGENCY CARE	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
33073	MEDICAL TESTIMONT	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. — — — — — — — — — — — — — — — — — — —
		·
	CDECLAL DEPONTS ON FORMS	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.
99082	UNUSUAL PHYSICIAN TRAVEL	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
99199	UNLISTED SPECIAL SVC PX/RPRT	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
99360	PHYSICIAN STANDBY SERVICES	Non Covered: Procedure/service not covered by the Plan.
- 3000	THE STATE OF THE S	Not subject to pre-service review.
99429	UNLISTED PREVENTIVE SERVICE	Unlisted: Procedure/service not specifically defined or
33723	CIVELSTED THE VEHITIVE SERVICE	classified, maybe subject to contract/clinical review.
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan.
JJ440	Nuproi i na/Nuney Lili 3-10	Not subject to pre-service review.

99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the Plan.		
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	•	_	_
		Not subject to pre-service review.		
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Non Covered: Procedure/service not covered by the Plan.		_
	<u> </u>	Not subject to pre-service review.		_
99450	BASIC LIFE DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		_
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		-
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan.		
33 132	Trupion may remed and rem	Not subject to pre-service review.		-
99453	Rem Mntr Physiol Param Setup	Non Covered: Procedure/service not covered by the Plan.		
33433	Kem Militi Filysioi Faram Setup	Not subject to pre-service review.		-
99454	Dom Matr Dhysial Daram Doy	Non Covered: Procedure/service not covered by the Plan.		
99454	Rem Mntr Physiol Param Dev	Not subject to pre-service review.		-
00455	MODE DELATED DISABILITY EVANA	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		
00320	El Ol Min SES W/S Wild CE ISSES	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		
00341	BONE SKOKT CIVIL TKT EOOK IWAGE	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		
00331	BOINE SKOKT CIVIF IN CITIVINI IIVIAG	one of our Clinical Payment and Coding Policy (CPCP).		-
		EIU: Procedure/service not reimbursed by the Plan. Not		
006311	ALCUE ICCOLONA ALVO DO DNADV			
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).		
225211	NEURO AUTIONA DO CARRADO A CONTRA A CON	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	Retire effective 09/30/2023
		one of our Clinical Payment and Coding Policy (CPCP).		

		AD City is December (in the city of a street Adult)			
		MP Criteria: Procedures/services reviewed against Medical			
97533	Sensory Integration	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		avoid post-service review by BCBS.			
		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.			
000411	DI D. C. I. 40 DI I C.	Non Covered: Procedure/service not covered by the Plan.			
0084U	Rbc Dna Gnotyp 10 Bld Groups	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
0086U	Nfct Ds Bact&Fng Org Id 6+	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
0091U	Onc Circt Scr Whi Bld Alg	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
0093U	Rx Mntr 65 Com Drugs Urine	·	_	_	
		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.			
	<u>'</u>	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).			
		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			
02001	100011 Q01111 021100111 1201	one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>	
		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			
01000	GSTR EIVITTG / THINED BIRTH SI EC	one of our Clinical Payment and Coding Policy (CPCP).	-	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0107T	VIDDATE OLIANIT SENSODY TEST	·			
0107T	VIBRATE QUANT SENSORY TEST	subject to pre-service review. Check EIU policy, which is	-	-	
	C Diff Tox Ag Detcj la Stool	one of our Clinical Payment and Coding Policy (CPCP).			
0107U		Non Covered: Procedure/service not covered by the Plan.			
	,	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).			
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan.			
01000	Gi Bailett Esopii 3 Fitti Billik	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.		
0109U Id Aspergillus Dna 4 Species 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).		
Non Covered: Procedure/service not covered by the Plan.		
0110U Rx Mntr 1+Oral Onc Rx&Sbsts Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan.		
0112U ladi 16S&18S Rrna Genes Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan.		
0115U Respir ladna 18 Viral&2 Bact Not subject to pre-service review.	_	-
Non Covered: Procedure/service not covered by the Plan		
0116U Rx Mntr Nzm la 35+Oral Flu Not subject to pre-service review.	-	-
Non Covered: Procedure/cervice not covered by the Plan		
0117U Pain Mgmt 11 Endogenous Anal Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan		
0119U Crd Ceramides Liq Chrom Plsm  Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan		
0121U Sc Dis Vcam-1 Whole Blood Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan.		
0122U Sc Dis P-Selectin Whl Blood Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan		
0123U Mchnl Fragility Rbc Prflg  Not subject to pre-service review.	_	-
Non Covered: Procedure/service not covered by the Plan.		
0140U Nfct Ds Fungi Dna 15 Trgt Not subject to pre-service review.	-	-
Non Covered: Procedure/service not covered by the Plan.		
0141U Nfct Ds Bact&Fng Gram Pos Not subject to pre-service review.	_	-
Non Covered: Procedure/service not covered by the Plan.		
0142U Nfct Ds Bact&Fng Gram Neg Not subject to pre-service review.	_	-
Non Covered: Procedure/service not covered by the Plan.		
0152U 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).	-	_
one of our Chinical Payment and Couling Policy (CPCP).		

EIU: Procedure/service not reimbursed by the Plan. Not  O220T 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	
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).  AND Gribaria Procedures (consider reviewed against Medical	
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.  AND Critoria: Proceedures (consists reviewed against Medical	
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	
avoid post-service review by BCBS.	

		NAD Criteria, Durandoura / amisea gariano de maisea Nadical			
00707	DELVIDER ALL COTTO CALC DELVIDER	MP Criteria: Procedures/services reviewed against Medical			
0270T	REV/REMVL 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			
0271T	REV/REMVL CRTD SNS DEV GEN	Policy Criteria. Submit for Recommended Clinical Review to _	_	_	
		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	_	_	
		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	_	_	
		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			
		one of our Clinical Payment and Coding Policy (CPCP).	<del>-</del>	<del>-</del>	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0330T	TEAR FILM IMG UNI/BI W/I&R	subject to pre-service review. Check EIU policy, which is			
03301	TEART IEM IN GOTTI, BI WITAK	one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		MP Criteria: Procedures/services reviewed against Medical			
0272T	INTERROGATE CRTD SNS DEV	Policy Criteria. Submit for Recommended Clinical Review to			
02721	INTERROGATE CRID 3N3 DEV	<i>,</i> =	-	_	
		avoid post-service review by BCBS.			
02257	INICI CINILIC TARCI IMARI ANIT	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			
05451	NOA OTTEN EXTREMAND	one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
0250T	DCA LOWED EVED EVANA				
0350T	RSA LOWER EXTR EXAM	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
2224	LIEA DE CAMADA MA A CE DAND	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.			

		MP Criteria: Procedures/services reviewed against Medical		
02457	TRANSCATURATRAL VILVE DEDAIR	·		
0345T	TRANSCATH MTRAL VLVE REPAIR	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
02507	DIA MILIOLE BODY	EIU: Procedure/service not reimbursed by the Plan. Not		
0358T	BIA WHOLE BODY	subject to pre-service review. Check EIU policy, which is	_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0378T	VISUAL FIELD ASSMNT REV/RPRT	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0379T	VIS FIELD ASSMNT TECH SUPPT	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0397T	ERCP W/OPTICAL ENDOMICROSCPY	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0352T	OCT BRST/NODE I&R PER SPEC	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0424T	INSJ/RPLC NSTIM APNEA COMPL	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		
0425T	INSJ/RPLC NSTIM APNEA SEN LD	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		
0426T	INSJ/RPLC NSTIM APNEA STM LD	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
01201	mas/m te no min m net on m te	one of our Clinical Payment and Coding Policy (CPCP).	12,31,2023	Netire effective 12/31/2023
		EIU: Procedure/service not reimbursed by the Plan. Not		
0427T	INSJ/RPLC NSTIM APNEA PLS GN	subject to pre-service review. Check EIU policy, which is	12/31/2023	Retire effective 12/31/2023
04271	INSI/IN ECNSTIWIAI NEATES GIV	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		
0428T	DNAVA NICTINA ADNICA DI C CENI	subject to pre-service review. Check EIU policy, which is	12/21/2022	Dating offactive 12/21/2022
04281	RMVL NSTIM APNEA PLS GEN		12/31/2023	Retire effective 12/31/2023
		one of our Clinical Payment and Coding Policy (CPCP).		
04007	24.4.4.4.5.4.4.2.4.5.4.5.4.5.4.5.4.5.4.5	EIU: Procedure/service not reimbursed by the Plan. Not	40/04/0000	D .: 55 .: 40/04/0000
0429T	RMVL NSTIM APNEA SEN LD	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		
0430T	RMVL NSTIM APNEA STIMJ LD	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		
0431T	RMVL/RPLC NSTIM APNEA PLS GN	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		
0432T	REPOS NSTIM APNEA STIMJ LD	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		
0433T	REPOS NSTIM APNEA SENSING LD	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		- · · · · · · · · · · · · · · · · · · ·
0434T	INTERRO EVAL NPGS APNEA	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		
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
		one of our Clinical Payment and Coding Policy (CPCP).		
		MP Criteria: Procedures/services reviewed against Medical		
0354T	OCT BREAST SURG CAVITY I&R	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		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 _	_	_
		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		_
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		MP Criteria: Procedures/services reviewed against Medical		
0449T	INSJ AQUEOUS DRAIN DEV 1ST	Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review by BCBS.	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0472T	PRGRMG IO RTA ELTRD RA	subject to pre-service review. Check EIU policy, which is		
01721	THOMAS TO KITCELING IV	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		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		
04731	REI RORINIO IO RIA LETRO RA	one of our Clinical Payment and Coding Policy (CPCP).	-	_
		MP Criteria: Procedures/services reviewed against Medical		
0450T	INSJ AQUEOUS DRAIN DEV EACH			
04501	INSJ AQUEOUS DRAIN DEV EACH	Policy Criteria. Submit for Recommended Clinical Review to _	-	_
		avoid post-service review by BCBS.		
04657	CURCURDI MIN RY M/O CURRIY	MP Criteria: Procedures/services reviewed against Medical	42/24/2022	Dating official as 42/24/2022
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).	<u>-</u>	_
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Subject to pre-service review. Check EIU policy, which is					
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BLU Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Mocket EU policy, which is not of our Clinical Payment and Coding-Policy (CPCP).	0499T	CYSTO F/URTL STRIX/STENOSIS	· · · · · · · · · · · · · · · · · · ·	12/31/2023	Retire effective 12/31/2023
SEAR   PRIZECTION   SEAR   Subject to pre-service review. Check ELD policy, which is one of our Clinical Payment and Coding Policy (CPCP).			, , , ,		
Once   Four Clinical Payment and Coding Peloty (CPCP).			·		
FILP Procedure/Service not reminured by the Plan. Not	0507T	NEAR IFR 2IMG MIBMN GLND I&R	subject to pre-service review. Check EIU policy, which is	_	_
Subject to pre-service review. Check EU policy, which is   1/31/2023   Retire effective 12/31/2023   ene of our Clinical Pyment and Coding Policy (CPCP)			,		
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Septi PATERN RGR W/L&R subject to pre-service review. Check Ell policy, which is noe of urc (Inical a Payment and Coding Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is noe of our Clinical Payment and Coding Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is noe of our Clinical Payment and Coding Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is noe of our Clinical Payment and Coding Policy (CPCP).  EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is noe of our Clinical Payment and Coding Policy (CPCP).  MC Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check Ell policy, which is noe of our Clinical Payment and Coding Policy (CPCP).  MC Criteria: Procedure/services reviewed palasite Micial Payment and Coding Policy (CPCP).  MC Criteria: Procedure/services reviewed palasite Micial Payment and Coding Policy (CPCP).  MC Criteria: Procedure/services reviewed palasite Micial Payment Paym			one of our Clinical Payment and Coding Policy (CPCP).		
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Subject to pre-service 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	OE 62T	EVAC MEIROMIANI CINID HEAT DI	·		
EIU: Procedure/service not reimbursed by the Plan. Not  Subject to pre-service review. Check EIU policy, which is	03031	EVAC IVIEIBUIVIIAN 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  Subject to pre-service review. Check EIU policy, which is	OFCET	ALITOL CELL IMPLE ADDC LIDVO	·		
EIU: Procedure/service not reimbursed by the Plan. Not  Subject to pre-service review. Check EIU policy, which is	U5651	AUTUL CELL IMPLT ADPS HRVG		-	-
O566T AUTOL CELL IMPLT ADPS NJX subject to pre-service review. Check EIU policy, which is			,		
, , , , , , , , , , , , , , , , , , , ,	05.667	AUTOLOGIU MADIT : TOTO : TOTO	·		
one of our Clinical Payment and Coding Policy (CPCP).	05661	AUTOL CELL IMPLT ADPS NJX		-	_
			one of our Clinical Payment and Coding Policy (CPCP).		

		MP Criteria: Procedures/services reviewed against Medical		
0524T	EV CATH DID CHEMA ARITH W/IMAC	·		
05241	EV CATH DIR CHEM ABLTJ W/IMG	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		
05277	DLD DDV T LVAADUCVT CAD T CLI	•	C /45 /2022	_
0537T	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		_
0538T	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		_
0539T	RECEIPT&PREP CAR-T CLL ADMN	avoid post-service review.	6/15/2023	
		EIU: Procedure/service not reimbursed by the Plan. Not		
0602T	TRANSDERMAL GFR MEASUREMENTS	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0603T	TRANSDERMAL GFR MONITORING	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0615T	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		
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0621T	TRABECULOSTOMY INTERNO LASER	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
0622T	TRABECULOSTOMY INT LSR W/SCP	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0623T	AUTO QUANTIFICATION C PLAQUE	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0624T	AUTO QUAN C PLAQ DATA PREP	subject to pre-service review. Check EIU policy, which is		
		one of our Clinical Payment and Coding Policy (CPCP).	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0625T	AUTO QUAN C PLAQ CPTR ALYS	subject to pre-service review. Check EIU policy, which is		
00231	Note doniver and an invites	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0626T	AUTO QUAN C PLAQ I&R	subject to pre-service review. Check EIU policy, which is		
00201	ACTO QUARTET ENQUAR	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	subject to pre-service review. Check EIU policy, which is		
00271	L FUM INTO AFOC I FOOD FISHER 131	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0628T	DEDO NIV ALCC ELLIOD LANDO DA			
00281	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).		

0629T  0630T  0631T  0540T  0639T  0640T	PERQ NJX ALGC CT LMBR 1ST  PERQ NJX ALGC CT LMBR EA  TC VIS LIT HYPERSPECTRAL IMG  CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS  NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not 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).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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	6/15/2023	- - - - _	
0630T  0631T  0540T  0639T  0640T	PERQ NJX ALGC CT LMBR EA  TC VIS LIT HYPERSPECTRAL IMG  CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	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).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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	6/15/2023	- - - - -	- - -
0631T  0540T  0639T  0640T	TC VIS LIT HYPERSPECTRAL IMG  CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	6/15/2023	- - - -	- -
0631T  0540T  0639T  0640T	TC VIS LIT HYPERSPECTRAL IMG  CAR-T CLL ADMN AUTOLOGOUS  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 subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not 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	6/15/2023	- - - -	- -
0631T  0540T  0639T  0640T	TC VIS LIT HYPERSPECTRAL IMG  CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	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).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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	6/15/2023	- - -	- -
0540T 0639T 0640T	CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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	6/15/2023	- - -	-
0540T 0639T 0640T	CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not 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	6/15/2023	- -	-
0540T 0639T 0640T	CAR-T CLL ADMN AUTOLOGOUS  WRLS SKN SNR ANISOTROPY MEAS	one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not 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	6/15/2023	- -	-
0639T 0640T	WRLS SKN SNR ANISOTROPY MEAS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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	6/15/2023		-
0639T 0640T	WRLS SKN SNR ANISOTROPY MEAS	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	6/15/2023	<u>-</u>	_
0639T 0640T	WRLS SKN SNR ANISOTROPY MEAS	avoid post-service review.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	6/15/2023	-	_
0639T 0640T	WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is	6/15/2023	-	
0640Т		subject to pre-service 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		_	
0640Т		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		-	
	NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is			_
	NCNTC NR IFR SPCTRSC WND	subject to pre-service review. Check EIU policy, which is			
	NCNTC NR IFR SPCTRSC WND				
0641T				_	_
0641T		one of our Clinical Payment and Coding Policy (CPCP).			
0641T		EIU: Procedure/service not reimbursed by the Plan. Not			
	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	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			
0544T	TCAT MV ANNULUS RCNSTJ	Policy Criteria. Submit for Recommended Clinical Review to			
03 1 11	TOTAL INVANIABLES NORTH	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			
03871	FERQ IIVIFEIT/RECONT ISDINS FIN	·		-	_
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical			
05007	DEVICION /DEMOVAL ISDNS DEM				
0588T	REVISION/REMOVAL ISDNS PTN	Policy Criteria. Submit for Recommended Clinical Review to _		-	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
0589T	ELEC ALYS SMPL 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			
0651T	MAG CTRLD CAPSULE ENDOSCOPY		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 ALVS CDLY DDCDMC HAIS	Policy Criteria. Submit for Recommended Clinical Review to _			
	ELEC ALYS CPLX PRGRMG IINS	avoid post-service review by BCBS.		_	_
0590Т	ELEC VIAC CUIA DUCUMO IIVIC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to _			

		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
00001	DRDENCITI REI DON OTER ALGRIT	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
0669T	DEDENICH DENISTI DONI LITED VENI	·
00091	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
00431	TCAT IIVIFETT C SINS RDCTT DEV	·
		avoid post-service review by BCBS.
OCACT	TTVI/DDI CMT W/DDSTC WW DEDO	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.
07.407	NIV 674 4 61 DDD 67	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
		avoid post-service review by BCBS.

0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to		
00381	Liec impa spectisc 1+3kii Les	avoid post-service review by BCBS.	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
0766T	Tc Mag Stimj Pn 1St Tx 1Nrv	subject to pre-service review. Check EIU policy, which is 7/1/2023		
07001	TO Mag Stilly Fit 15t TX 1WV	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		
07 131	CARABET IN 18 FRIEND TO ESC	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		
		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		
		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
		one of our Clinical Payment and Coding Policy (CPCP).	,,,	
		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		
		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).	<del>-</del>	_
		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	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		
0783T	TC AURICULR NEUROSTIMULATION	subject to pre-service review. Check EIU policy, which is 1/1/2023	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated	EIU: Procedure/service not reimbursed by the Plan. Not 7/1/2023	_	
	gait training, each 15 minutes (List separately in addition to	subject to pre-service review. Check EIU policy, which is		_
	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	_
		avoid post-service review.		
0793T	Percutaneous transcatheter thermal ablation of nerves	MP Criteria: Procedures/services reviewed against Medical 7/1/2023	_	
	innervating the pulmonary arteries, including right heart	Policy Criteria. Submit for Recommended Clinical Review to		
	catheterization, pulmonary artery angiography, and all	avoid post-service review by BCBS.		_
	imaging guidance	avoid post-service review by BCBS.		
0795T	TCAT INS 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.		
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		_
		avoid post-service review by BCBS.		
		·		

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.		_	
		Non Covered: Procedure/service not covered by the Plan.			
213AA	Proc/Treat/Equip/Ins/Non-Covered	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
213BA	OTC Drugs Non-Covered	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
213CA	Vision/Hear/Dental Non-Covered	Not subject to pre-service review.	_	_	
		Non Covered: Procedure/service not covered by the Plan.			
213EA	Assit Disabled/Misc Non-Covered		_	_	
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.			
213FA	Corr Eye Surgery Non-Covered	·	_	_	
		Not subject to pre-service review.			
213GA	Premiums Non- Covered	Non Covered: Procedure/service not covered by the Plan.	_	_	
		Not subject to pre-service review.			
213HA	Copays Non-Covered	Non Covered: Procedure/service not covered by the Plan.	_	_	
		Not subject to pre-service review.			
213JA	Limited Purpose HCA Non- Covered	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
213KA	Preventative Care Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
213LA	Long Term Care Non-Covered	Non Covered: Procedure/service not covered by the Plan.			
	- <b>G</b>	Not subject to pre-service review.			
9701A	NON-PRESCRIPTION DRUGS	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.		<del>-</del>	
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	_		
		Policy Criteria. Submit for Recommended Clinical Review to		_	
		avoid post-service review by BCBS.			

0806T	TCAT S&IVC PRSTC VL IMPL OPN	MP Criteria: Procedures/services reviewed against Medical 7/1/2023			
08001	TCAT SQIVE PRSTE VE IIVIPE OPIN		_		
		Policy Criteria. Submit for Recommended Clinical Review to		_	
00407	CURRED AND BY A CT MANTEC	avoid post-service review by BCBS.			
0810T	SUBRTA NJX RX AGT W/VTRC	MP Criteria: Procedures/services reviewed against Medical 7/1/2023	_		
		Policy Criteria. Submit for Recommended Clinical Review to		_	
		avoid post-service review by BCBS.			
A0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or			
, 10000	Omisted ambalance 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			
712001	Accurate 11116	one of our Clinical Payment and Coding Policy (CPCP).	-	-	
		EIU: Procedure/service not reimbursed by the Plan. Not			
A 2005	NA: and the meeting man are and	•			
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			
A2010	Apis per square certimeter		-	-	
		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).	_	_	
		one of our chimean ayment and country for or j.			

		MP Criteria: Procedures/services reviewed against Medical			
A0426	Als 1	·			
A0426	AIS I	Policy Criteria. Submit for Recommended Clinical Review to	-	_	-
		avoid post-service review by BCBS.			
10045		EIU: Procedure/service not reimbursed by the Plan. Not	1/1/2022		
A2015	Phoenix wnd mtrx 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: Procedure/service reviewed against Medical			
A0430	Ambulance Service Conventional Air Services Transport	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
7.0 130	One Way (Fixed Wing)	avoid post-service review. Prior Authorization may be-	3/10/2023	_	-
		required per contract agreement.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
A2016	Permeaderm b 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			
A0431	Rotary wing air transport	Policy Criteria. Submit for Recommended Clinical Review to			
	, 0	avoid post-service review by BCBS.	_	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
A2017	Permeaderm glove each	subject to pre-service review. Check EIU policy, which is	4/1/2023		
72017	remeddenn glove eden	one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	_	-
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Critoria Submit for Pacammandad Clinical Paviau to			
A0435	Fixed Wing Air Mileage Per Statute Mile	•	9/18/2023	_	_
		avoid post-service review. Prior Authorization may be			
		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	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			
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	subject to pre-service review. Check EIU policy, which is	9/1/2023		
712020	nes would system	one of our Clinical Payment and Coding Policy (CPCP).	3/1/2023	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not			
A2021	Neomatrix per sq cm	subject to pre-service review. Check EIU policy, which is	9/1/2023		
77071	Neomatrix per sq ciri		3/1/2023	-	-
		one of our Clinical Payment and Coding Policy (CPCP).			
44400	Clina b file ability and a second	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.	_	<del>-</del>	_

		Unlisted: Procedure/service not specifically defined or			
A4421	Ostomy supply misc	classified, maybe subject to contract/clinical review.	_	_	-
		Non Covered: Procedure/service not covered by the Plan.			
A4458	Reusable enema bag	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
A4520	Incontinence garment anytype	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
A4553	Non-Disposable Underpads All Sizes	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
A4554	Disposable underpads		_	_	_
		Not subject to pre-service review.			
A 4575	Here the dead about the adver-	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			
7.1011	Tradiophann ax agent noc	classified, maybe subject to contract/clinical review.	_	-	_
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or			
A+0+3	Surgical supplies	classified, maybe subject to contract/clinical review.	-	-	_
A4890	Repair/maint cont hemo equip	Non Covered: Procedure/service not covered by the Plan.			
A4630	Repair/maint cont hemo equip	Not subject to pre-service review.	_	-	_
A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or			
A+313	white didiyala supplies hoe	classified, maybe subject to contract/clinical review.	-	-	_
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan.			
H4327	NOIT-Sterille gloves	Not subject to pre-service review.	_	-	_
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by the Plan.			
A4931	Reusable of all triefffloffleter	Not subject to pre-service review.	_	-	_
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by the Plan.			
A4932	Reusable rectal thermometer	Not subject to pre-service review.	-	-	-
ACC07	Madification disheringles	Unlisted: Procedure/service not specifically defined or			
A5507	Modification diabetic shoe	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).	_	_	_
		Unlisted: Procedure/service not specifically defined or			
A6261	Wound filler gel/paste /oz	classified, maybe subject to contract/clinical review.	-	-	_
		Unlisted: Procedure/service not specifically defined or			
A6262	Wound filler dry form / gram	classified, maybe subject to contract/clinical review.	-	-	-
		Unlisted: Procedure/service not specifically defined or			
A6512	Compres burn garment noc	classified, maybe subject to contract/clinical review.	_	-	_
		Unlisted: Procedure/service not specifically defined or			
A6549	G compression stocking	classified, maybe subject to contract/clinical review.	_	_	_
		classifica, maybe subject to contract/cliffical review.			

AD149 Epap masal valve subject to one source review. Check Elipolicy, which is a subject to one source review. Check Elipolicy, which is a subject to one source one with the Elipolicy, which is a subject to one source one with the Elipolicy and the Elipolicy and Elipolicy Elipolicy and Elipolicy						
one of our Clinical Payment and Coding Policy (CPCP).  Non Covered: Procedure/Jevier to covered by the Plan. Not subject to pre-service review.  April 192 Single vitamin nos  Unilitate of underlined: Procedure/Jevier to contracyCrinical review.  April 192 Single vitamin nos  Unilitate of underlined: Procedure/Jevier to contracyCrinical review.  Non Covered: Procedure/Jevier to contracyCrinical review.  April 192 Non-covered litem or service  Non Covered: Procedure/Jevier review.  Non Covered: Procedure/Jevier not covered by the Plan.  Not subject to pre-service review.			·			
A9150 Misc/exper non-prescript dru Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Not subject to pre-service review. A9152 Single vitamin nos Unitated or Undefined: Procedure/service not specifically defined or four-size in the pre-service review. A9153 Multi-vitamin nos Unitated or Undefined: Procedure/service not specifically defined or four-size in the pre-service review. A9153 Multi-vitamin nos Unitated to pre-service review review. A9154 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. A9155 Non-covered item or service A9156 Non-covered item or service A9157 Non-covered item or service A9157 Non-covered item or service A9157 Non-covered item or service A9158 Non-covered: Procedure/service not covered by the Plan. Not subject to pre-service review. A9159 Non-covered item or service A9170 Unitated Procedure/service not covered by the Plan. A9170 Non-covered Procedure/service not covered by the Plan. A9170 Non-covered Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A9180 Alert device noc Unitated Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A9180 Non-covered Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A9180 Non-covered Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A9180 Pre-s dig cog behave thera Ida  A9180 Pre-s dig cog behave thera Ida  A9180 Service review.  A9180 Non-covered Procedure/service not review or not covered by the Plan. A9180 Non-covered Procedure/service not review.  A9180 Non-covered Procedure/service not review.  A9180 Non-covered Procedure/service not	A7049	Epap nasal valve		9/1/2023	_	-
Not Covered: Procedure/service not covered by the Plan.  Ap152 Single vitamin nos Unitated or Indefined: Procedure/service not covered by the Plan.  Ap153 Multi-vitamin nos Unitated or Indefined: Procedure/service not covered by the Plan.  Ap153 Multi-vitamin nos Unitated or Undefined: Procedure/service not covered by the Plan.  Ap153 Multi-vitamin nos Unitated or Undefined: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Ap153 Multi-vitamin nos Unitated or Undefined: Procedure/service not specifically defined or facilitated in Procedure/service not specifically defined or device under specifically defined or desired in Procedure/service not review.  Application of the Procedure/service not review.  Application of the Procedure/service not review.  Application of the Procedure/service not review.  British review						
Not subject to pre-service review.  Not subject to pre-service rev	Δ9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan.			
Not subject to pre-service review.  Unisided or fundefined. Procedure/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.  A0153 Multi-vitamin nos Uniside or Undefined: Procedure/services not specifically defined or Classified, maybe subject to contract/clinical review.  Non Covered: Procedure/services not specifically defined or Classified, maybe subject to contract/clinical review.  Non Covered: Procedure/services not specifically defined or Classified, maybe subject to contract/clinical review.  Non Covered: Procedure/service not covered by the Plan. Non covered: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A0279 Monitoring feature/deviceNOC Classified, maybe subject to contract/clinical review.  A0280 Alert device noc classified, maybe subject to contract/clinical review.  A0280 Alert device noc classified, maybe subject to contract/clinical review.  A0280 Wig any type 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.  BUIL Procedure/service not creimbursed by the Plan. Not subject to pre-service review.  BUIL Procedure/service not creimbursed by the Plan. Not subject to pre-service review.  BUIL Procedure/service not creimbursed by the Plan. Not subject to pre-service review.  BUIL Procedure/service not creimbursed by the Plan. Not subject to pre-service review.  BUIL Procedure/service not creimbursed by the Plan. Not subject to pre-service review.  Contract/finical review.  A0290 Exercise equipm	7.5150	wilsey exper from presempt and		_	_	_
A9152 Single vitamin nos Unisted or Undefined. Procedure/Services not specifically defined or Classified, may be subject to contract/clinical review.  A9153 Multi-vitamin nos Unisted of Undefined. Procedure/Services not specifically defined or Classified, may be subject to contract/clinical review.  A9270 Non-covered item or service Non-Covered: Procedure/Services not specifically defined or Classified, may be subject to contract/clinical review.  A9273 Hot/cold botie/rap/col/wrap Non-Covered: Procedure/Service not covered by the Plan.  A9279 Monitoring feature/deviceNOC Unlisted: Procedure/Service not covered by the Plan.  A9279 Monitoring feature/deviceNOC Unlisted: Procedure/Service not covered by the Plan.  A9280 Alert device noc Unlisted: Procedure/Service not specifically defined or classified, may be subject to contract/clinical review.  A9282 Wig any type Non-Covered: Contract/clinical review.  A9285 Inversion eversion cor devic Service not specifically defined or classified, may be subject to contract/clinical review.  A9286 Inversion eversion cor devic Service not specifically defined or classified, may be subject to procedure/Service not specifically defined or classified. Procedure/Service not covered by the Plan. Not subject to pre-service review.  A9285 Inversion eversion cor devic Subject to pre-service review. Creek Ell policy, which is			Non Covered: Procedure/service not covered by the Plan.			
defined or classified, maybe subject to contract/clinical review.    Non Covered: Procedure/service not covered by the Plan.			Not subject to pre-service review.			
Review   Non Covered: Procedure/service not covered by the Plan.   Non Covered: Procedure/service not specifically	A9152	Single vitamin nos	Unlisted or Undefined: Procedures/services not specifically	_	_	_
Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9270 Mon covered item or service  Mon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.  A9270 Mon 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 classified, maybe subject to contract/clinical review.  ———————————————————————————————————			defined or classified, maybe subject to contract/clinical			
Not subject to pre-service review.  A9270 Non-covered item or service Not subject to pre-service review.  A9271 Non-covered item or service Not subject to pre-service review.  A9272 Non-covered item or service Not subject to pre-service review.  A9273 Hot/cold balle/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 covered by the Plan. Not subject to pre-service review.  A9280 Alert device noc Unlisted: Procedure/service not service.  A9282 Wig any type Non-covered. Procedure/service not service.  A9282 Wig any type Non-covered. Procedure/service not service.  BILL Procedure/service not service.  A9291 Pres dig cog behav thera fda  BILL Procedure/service not service.  A9300 Exercise equipment Non-covered. Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPC).  A9300 Exercise equipment Non-covered. Procedure/service not overed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPC).  A9579 Pet dx for tumor id noc  Classified, maybe subject to contract/clinical review.  A9598 Pet dx for non-tumor id noc  Classified, maybe subject to contract/clinical review.  A9699 Radiopharm rx agent noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			review.			
A9153 Multi-vitamin nos Unilisted or Undefined! Procedure/services not specifically defined or classified, maybe subject to contract/clinical review.  A9270 Non-covered item or service Not Subject to pre-service not covered by the Plan.  A9273 Hot/cold bottle/cap/col/wrap Non Covered! Procedure/service not covered by the Plan.  A9279 Monitoring feature/deviceNOC Unilisted: Procedure/service not specifically defined or classified, maybe subject to pre-service review.  A9280 Alert device noc Unilisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  A9282 Wig any type Non Covered: Procedure/service not covered by the Plan.  Non Covered: Procedure/service not covered by the Plan.  A9285 Inversion eversion cor devic subject to pre-service review.  A9286 Inversion eversion cor devic subject to pre-service review.  A9287 Pres dig cog behav thera fda subject to pre-service review. Check EU policy, which is none of our Clinical Payment and Coding Policy (CPCP).  A9390 Exercise equipment State of the State of Stat			Non Covered: Procedure/service not covered by the Plan.			
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B9998	Enteral supp not otherwise c	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
B9999	Parenteral supp not othrws c	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		
C1032	Hemostatic agent gr topic	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 _		
A4555	Ca tx e-still electi/transduc		_	-
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical		
14600	Clasus interlimb comp dou			
A4600	Sleeve inter limb comp dev	Policy Criteria. Submit for Recommended Clinical Review to _	_	
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		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 9/1/2	2023 _	_
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		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.		
C1000	landont finant de vina	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		
02020	micegrated heratoprostricts	avoid post-service review by BCBS.	<del>-</del>	-
		MP Criteria: Procedures/services reviewed against Medical		
C1825	Gen neuro carot sinus baro	Policy Criteria. Submit for Recommended Clinical Review to		
C1023	Gen neuro carot sinus baro	avoid post-service review by BCBS.	_	-
		MP Criteria: Procedure/service reviewed against Medical		
C1826	Gon nouro do loon rocha	Policy Criteria. Submit for Recommended Clinical Review to 7/1/2	0022	
C1020	Gen neuro clo loop rechg	avoid post-service review.		-
		מיטוע איטינישני וביוביי.		

		NAD Criteria: Duesed was from its a various of periods NA edical		
		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 4/1/202	.3 _	_
		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 4/1/202	.3 _	_
		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		
C333 1	vertes consper matrix ciriz	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9356	TanaGlida tandan prot. cm?	subject to pre-service review. Check EIU policy, which is		
C3330	TenoGlide tendon prot cm2	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		
C0250	<u> </u>	•		
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).		
00000		EIU: Procedure/service not reimbursed by the Plan. Not		
C9360	SurgiMend neonatal	subject to pre-service review. Check EIU policy, which is	_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9363	Integra Meshed Bil Wound Mat	subject to pre-service review. Check EIU policy, which is	_	-
		one of our Clinical Payment and Coding Policy (CPCP).		
		EIU: Procedure/service not reimbursed by the Plan. Not		
C9364	Porcine implant Permacol	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
		Unlisted: Procedure/service not specifically defined or		
C9399	unclassified drugs or biologicals	classified, maybe subject to contract/clinical review. Prior _		
C3333	unclassified drugs of biologicals		_	-
		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 4/1/202	.3	_
		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 4/1/202	23	
	· · · · · · · · · · · · · · · · · · ·	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		
03737	opinicy ratifical disk surgery	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		one or our chilical rayment and country force j.		

		MP Criteria: Procedures/services reviewed against Medical			
CF 2.7F	Laurent alde authorite to ann		4/4/2022		
C5275	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to	4/1/2023	-	-
		avoid post-service review by BCBS.			
CF376	Low part chin substitute ann	MP Criteria: Procedures/services reviewed against Medical	4/1/2022		
C5276	Low cost skin substitute app	Policy Criteria. Submit for Recommended Clinical Review to	4/1/2023	-	-
		avoid post-service review by BCBS.			
05277	The control of the charter to accomp	MP Criteria: Procedures/services reviewed against Medical	4/4/2022		
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	_	-	-
		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	NsI/sins cryo post nasal tis	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			
C9772	Revasc lithotrip tibi/perone	subject to pre-service review. Check EIU policy, which is	_	_	_
		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	_	_	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
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).	_	_	_
		Unlisted: Procedure/service not specifically defined or			
C9898	Inpnt stay radiolabeled item	classified, maybe subject to contract/clinical review.	_	-	-
		Unlisted: Procedure/service not specifically defined or			
C9899	Inpt implant pros dev no cov	classified, maybe subject to contract/clinical review.	_	-	-
		Unlisted: Procedure/service not specifically defined or			
D0999	unspecified diagnostic procedure by report	classified, maybe subject to contract/clinical review.	_	-	-
	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose				
D1705	1	Not subject to pre-service review.	_	_	_
	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose				
D1706	2	Not subject to pre-service review.	_	_	_
	_	THOU SUBJUCT TO PIC SCIVICE TOVICW.			

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			
50133	anspectifica implant procedure by report	classified, maybe subject to contract/clinical review.	-	_	_
D6999	unspecified fixed prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or			
D0333	unspecified fixed prostriodoffile procedure by report	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.			
57000	l Company of the Company	Non Covered: Procedure/service not covered by the Plan.			
D7220	removal of impacted tooth - soft tissue	Not subject to pre-service review.	-	-	_
D.7000	removal of impacted tooth - partially bony	Non Covered: Procedure/service not covered by the Plan.			
D7230		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	Contained Annual	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.			
	s s cold pad if pallip	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.			
	- unip for water encounting p	Not subject to pre-service review.			_
E0240	Bath/shower chair	Non Covered: Procedure/service not covered by the Plan.			
202.10	24.17.51.61.61.61.61.61	Not subject to pre-service review.		_	_
E0241	Bath tub wall rail	Non Covered: Procedure/service not covered by the Plan.			
20211	Datif tab Wall fall	Not subject to pre-service review.		_	_
E0242	Bath tub rail floor	Non Covered: Procedure/service not covered by the Plan.			
202 12	Datif tab fall floor	Not subject to pre-service review.		_	_
E0243	Toilet rail	Non Covered: Procedure/service not covered by the Plan.			
20243	Tonet run	Not subject to pre-service review.		-	_
E0244	Toilet seat raised	Non Covered: Procedure/service not covered by the Plan.			
L0244	Tollet seat raised	Not subject to pre-service review.	_	-	_
E0245	Tub stool or bench	Non Covered: Procedure/service not covered by the Plan.			
10243	Tub stool of bench	Not subject to pre-service review.	_	-	_
E0246	Transfer tub rail attachment	Non Covered: Procedure/service not covered by the Plan.			
L0240	Transfer tub fan attachment	Not subject to pre-service review.	_	-	_
E0247	Trans bench w/wo comm open	Non Covered: Procedure/service not covered by the Plan.			
LUZ47	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.			
LUZ40	Tiblians bench w/ wo comin open	Not subject to pre-service review.		-	_
E0273	Bed board	Non Covered: Procedure/service not covered by the Plan.			
LUZ73	bed board	Not subject to pre-service review.		-	_
E0274	Over-bed table	Non Covered: Procedure/service not covered by the Plan.			
LUZ/4	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.			
E0315	Bed accessory brd/tbl/supprt	Non Covered: Procedure/service not covered by the Plan.			
E0313	Bed accessory bra/tbi/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.			
E0446	Tonical Ov Dolivor cur, nos	Unlisted: Procedure/service not specifically defined or			
EU440	Topical Ox Deliver sys nos	classified, maybe subject to contract/clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed against Medical			
E049E	Oral dovice/appliance profeh	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.			
		required per contract agreement.			

		MP Criteria: Procedure/service reviewed against Medical		
E0486	Oral device/appliance cusfab	Policy Criteria. Submit for Recommended Clinical Review to		
	от то т	avoid post-service review. Prior Authorization may be-		-
		required per contract agreement.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
E0487	Electronic spirometer	subject to pre-service review. Check EIU policy, which is		_
		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		
20025	r ductivities butting off of tor	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.		
	Pediatric Crib Hospital Grade Fully Enclosed With Or	MP Criteria: Procedures/services reviewed against Medical		
E0300	,	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		
	Wheels	avoid post-service review by BCBS.		_
	THOO	a. o.a poor service review by bobs.		

		MD Criteria. Duesed was less us is used a sainet Medical		
F0C42	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.		
50050	Danisa announce annount	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.		
50654		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.		
50650		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 _	_	_
		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 _	_	_
		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 _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
E0665	Pneumatic appliance full arm	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		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		
50676	Inter limb communes des NOC	avoid post-service review.		
E0676	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 _	_	_
	· · · · · · · · · · · · · · · · · · ·	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 _		
	Oi conservation	avoid post-service review by BCBS.	_	-
		,		

		A4D C ::			
		MP Criteria: Procedures/services reviewed against Medical			
E0669	Seg pneumatic appli half leg	Policy Criteria. Submit for Recommended Clinical Review to _		_	-
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E0670	Seg pneum int legs/trunk	Policy Criteria. Submit for Recommended Clinical Review to _		_	_
		avoid post-service review by BCBS.			
		EIU: Procedure/service not reimbursed by the Plan. Not			
E0740	Non-implant pelv flr e-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			
E0671	Pressure pneum appl full leg	Policy Criteria. Submit for Recommended Clinical Review to _		_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E0672	Pressure pneum appl full arm	Policy Criteria. Submit for Recommended Clinical Review to _		_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
E0673	Pressure pneum appl 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			
E0762	Trans elec jt stim dev sys	subject to pre-service review. Check EIU policy, which is			
	·	one of our Clinical Payment and Coding Policy (CPCP).		_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
E0764	Functional neuromuscularstim	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			
E0677	Non pneum seq comp trunk	avoid post-service review.	7/1/2023	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
E0769	Electric wound treatment dev	subject to pre-service review. Check EIU policy, which is			
		one of our Clinical Payment and Coding Policy (CPCP).		_	_
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review.			
E0770	Functional electric stim NOS	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			
E0830	Ambulatory traction 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			
E0840	Tract frame attach headboard	subject to pre-service review. Check EIU policy, which is			
200.0	attach headoodid	one of our Clinical Payment and Coding Policy (CPCP).		_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
E0849	Cervical pneum trac equip	subject to pre-service review. Check EIU policy, which is			
20073	cervical pricalli trac equip	one of our Clinical Payment and Coding Policy (CPCP).		-	-
		one of our chilical rayment and county rolley (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
20050	Tradition from points	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
20000	CI W device other than knee	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
500.42	Comittee hand have no /baltan	
E0942	Cervical head harness/halter	subject to pre-service review. Check EIU policy, which is
		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
		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
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E0692	Uvl sys panel 4 ft	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		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.
		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 stimltor	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
20,01	Nontrielli electronighte device	avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
E0766	Flor stim cancar troatment	
E0766	Elec stim cancer treatment	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.

	W/c seat lift mechanism	MP Criteria: Procedures/services reviewed against Medical
E0985		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.
E1229	Pediatric wheelchair NOS	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
54220	De de conservator de debete NOS	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.
54000	5 11 11 1 1 1 1	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
		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
		one of our Clinical Payment and Coding Policy (CPCP).
		Unlisted: Procedure/service not specifically defined or
E1699	Dialysis equipment noc	classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
E1700	Jaw motion rehab system	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
E1701	Repl cushions for jaw motion	subject to pre-service review. Check EIU policy, which is
	,, ,	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
E1702	Repl measr scales jaw motion	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		one of our chimical rayment and country (cricily).

		MP Criteria: Procedures/services reviewed against Medical		
E1007	Pwr seat combo w/shear	Policy Criteria. Submit for Recommended Clinical Review to _	_	
		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		
		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 _		
11003	Add meetines elevation	avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
E1010	Add pur log algoration			
E1010	Add pwr leg elevation	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
F4040		MP Criteria: Procedures/services reviewed against Medical		
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		
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		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.		
		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 _		
22301	· · · · · · · · · · · · · · · · · · ·	avoid post-service review by BCBS.	<del>-</del> -	_
		MP Criteria: Procedures/services reviewed against Medical		
E2310	Electro connect btw control	Policy Criteria. Submit for Recommended Clinical Review to _		
12310	Liettio connect btw control	avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
F2244	Floring comment http://doi.org	<del>_</del>		
E2311	Electro connect btw 2 sys	Policy Criteria. Submit for Recommended Clinical Review to _	<del>-</del> -	<del>-</del> -
		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	
F2222	Consist in ortion bounds	•	
E2323	Special joystick handle	Policy Criteria. Submit for Recommended Clinical Review to	-
		avoid post-service review by BCBS.	
52224	Chin avanintantana	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	_
		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	_
		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	_
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
E2329	Head control nonproportional	Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	
		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.	_
		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	
12311	W/ C Watti Z i Z i iii Scat Italiic	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	
L2342	W/C uptil 20-21 iii seat frame	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	
LZ343	w/c uptil 22-25 ill seat frame	·	-
		avoid post-service review by BCBS.  MB Critoria: Procedures (convices reviewed against Medical	
E2351	Electronic SCD interface	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.	
F2272	Hand delakin atal an action set of	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	con processors and	avoid post-service review.
E2399	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).
00076		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
		Policy Criteria. Submit for Recommended Clinical Review to
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).
		Non Covered: Procedure/service not covered by the Plan.
G0293	Non-cov surg proc clin trial	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G0294	Non-cov proc clinical trial	Not subject to pre-service review.
		not subject to pre-service review.

		FILL Broad or love to control of the Block Not			
		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 _	_	_	
		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.	_	_	
	- 11	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			
		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			
60 100	Additional business and a second	one of our Clinical Payment and Coding Policy (CPCP).	_	_	
		EIU: Procedure/service not reimbursed by the Plan. Not			
G0465	Autolog prp diab wound ulcer	subject to pre-service review. Check EIU policy, which is			
00403	Autolog prip diab woulld dicei		_	_	
	Alcohol And/Or Substance (Other Than Tobacco) Misuse	one of our Clinical Payment and Coding Policy (CPCP).			
G2011		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	MD Critoria, Procedures (consises reviewed against Medical			
53610	Wheelsheis Cook Cushing Bourses	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.			
60476	ODDC/DUD and the theory	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.			
		Not subject to pre-service review.	_	_	

		Non Covered: Procedure/service not covered by the Plan.			
G8397	Dil macula/fundus exam/w doc	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8399	Pt w/dxa results document	Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the Plan.			
G8400	Pt w/dxa no results doc	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8404	Low extemity neur exam docum	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8405	Low extemity neur not perfor	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8410	Eval on foot documented	Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8415	Eval on foot not performed	Not subject to pre-service review.	_	-	-
	H 6	Non Covered: Procedure/service not covered by the Plan.			
G8416	Pt inelig footwear evaluatio	Not subject to pre-service review.	_	-	-
		Non Covered: Procedure/service not covered by the Plan.			
G8417	Calc bmi abv up param f/u	Not subject to pre-service review.	-	-	-
00440		Non Covered: Procedure/service not covered by the Plan.			
G8418	Calc bmi blw low param f/u	Not subject to pre-service review.	-	-	-
00440		Non Covered: Procedure/service not covered by the Plan.			
G8419	Calc bmi out nrm param nof/u	Not subject to pre-service review.	-	-	-
C0.420	Calabaria	Non Covered: Procedure/service not covered by the Plan.			
G8420	Calc bmi norm parameters	Not subject to pre-service review.	-	-	-
C0.424	Decision to administration	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.	_	_	_
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
G8430	Doc med rsn no medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
C0424	Decide degree and five dec	Non Covered: Procedure/service not covered by the Plan.			
G8431	Pos clin depres scrn f/u doc	Not subject to pre-service review.	-	-	-
G8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan.			
55.52	S OF SS. HOL GOO HIS	Not subject to pre-service review.	_	-	-
G8433	Scr for dep not cpt doc rsn	Non Covered: Procedure/service not covered by the Plan.			
	25	Not subject to pre-service review.	_	_	-
G8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the Plan.			
	P . ,	Not subject to pre-service review.			
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.	_		
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.			
G8465	High risk recurrence pro ca	Not subject to pre-service review.	_	_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.			
G8473	ACE/ARB thxpy rx?d	Not subject to pre-service review.	_	_	_
		Not subject to pre-service review.			

		Non Covered: Procedure/service not covered by the Plan.
G8474	Ace/arb not rx'd; doc reas	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.
		Non Covered: Procedure/service not covered by the Plan.
G8477	Bp sys>=140 and/or dias >=90	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G8478	BP not performed/doc	
		Not subject to pre-service review.
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan.
		Not subject to pre-service review.
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
G9050	Oncology work-up evaluation	Non Covered: Procedure/service not covered by the Plan.
	Choolegy Work up evaluation	Not subject to pre-service review.
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the Plan.
03031	Oncology to decision-ingint	Not subject to pre-service review.
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the Plan.
G9032	One surveillance for disease	Not subject to pre-service review.
COOE3	One consistent management at	Non Covered: Procedure/service not covered by the Plan.
G9053	Onc expectant management pt	Not subject to pre-service review.
C00F4	One surrounisies sellistics	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
	·	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.
		Non Covered: Procedure/service not covered by the Plan.
G9058	Onc prac mgmt disagree w/gui	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9059	Onc prac mgmt pt opt alterna	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9060	Onc prac mgmt dif pt comorb	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9061	Onc prac cond noadd by guide	Not subject to pre-service review.
		Non Covered: Procedure/service not covered by the Plan.
G9062	Onc prac guide differs nos	Not subject to pre-service review.
		rot 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.				
	<u> </u>	Not subject to pre-service review.				
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the Plan.				
05005		Not subject to pre-service review.		_		
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the Plan.				
G3000	One ux fiscie stg5b-4 metasta	Not subject to pre-service review.	-	_	_	
G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan.				
G9067	One ax fiscie ax unknown nos	Not subject to pre-service review.	-	-	-	
cooco	One development Partie d	Non Covered: Procedure/service not covered by the Plan.				
G9068	Onc dx sclc/nsclc limited	Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the Plan.				
G9069	Onc dx sclc/nsclc ext at dx	Not subject to pre-service review.	-	_	-	
		Non Covered: Procedure/service not covered by the Plan.				
G9070	Onc dx sclc/nsclc ext unknwn	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9071	Onc dx brst stg1-2B HR nopro	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9072	Onc dx brst stg1-2 noprogres		_	_	_	
		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.				
G3070	One ax prostate 12110 progres	Not subject to pre-service review.	_	-	_	
G9079	Onc dx prostate T3b-T4noprog	Non Covered: Procedure/service not covered by the Plan.				
G9079	One ax prostate 13b-14hoprog	Not subject to pre-service review.	_	_	_	
C0000	One dy prostate w/rice DCA	Non Covered: Procedure/service not covered by the Plan.				
G9080	Onc dx prostate w/rise PSA	Not subject to pre-service review.	-	_	-	
C0003	0 - 1 1 1	Non Covered: Procedure/service not covered by the Plan.				
G9083	Onc dx prostate unknwn nos	Not subject to pre-service review.	-	-	-	
		Non Covered: Procedure/service not covered by the Plan.				
G9084	Onc dx colon t1-3 n1-2 no pr	Not subject to pre-service review.	-	_	-	
		Non Covered: Procedure/service not covered by the Plan.				
G9085	Onc dx colon T4 N0 w/o prog	Not subject to pre-service review.	-	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9086	Onc dx colon T1-4 no dx prog	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9087	Onc dx colon metas evid dx	· · · · · · · · · · · · · · · · · · ·	_	_	_	
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.				
G9088	Onc dx colon metas noevid dx	·	_	_	_	
		Not subject to pre-service review.				

G9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the Plan.	_	_	_	
		Not subject to pre-service review.				
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the Plan.				
	<u> </u>	Not subject to pre-service review.				
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the Plan.				
		Not subject to pre-service review.				
G9092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by the Plan.				
03032		Not subject to pre-service review.	_		<del>-</del>	
G9093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by the Plan.				
03033	One dx rectal 14 W Wo no prg	Not subject to pre-service review.	_	-	_	
G9094	Onc dx rectal M1 w/mets prog	Non Covered: Procedure/service not covered by the Plan.				
03034	One dx rectar wil wymets prog	Not subject to pre-service review.	_	-	_	
G9095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan.				
G9093	Offic dx rectal exterit drikriwii	Not subject to pre-service review.	-	-	<del>-</del>	
COOOC	One du combre T1 T2 manuer	Non Covered: Procedure/service not covered by the Plan.				
G9096	Onc dx esophag T1-T3 noprog	Not subject to pre-service review.	-	-	_	
60007	0	Non Covered: Procedure/service not covered by the Plan.				
G9097	Onc dx esophageal T4 no prog	Not subject to pre-service review.	-	-	-	
00000		Non Covered: Procedure/service not covered by the Plan.				
G9098	Onc dx esophageal mets recur	Not subject to pre-service review.	-	-	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9099	Onc dx esophageal unknown	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9100	Onc dx gastric no recurrence	Not subject to pre-service review.	-	-	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9101	Onc dx gastric p R1-R2noprog	Not subject to pre-service review.	-	-	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9102	Onc dx gastric unresectable	Not subject to pre-service review.	-	-	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9103	Onc dx gastric recurrent	Not subject to pre-service review.	_	-	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9104	Onc dx gastric unknown NOS	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9105	Onc dx pancreatc p R0 res no	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9106	Onc dx pancreatc p R1/R2 no	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9107	Onc dx pancreatic unresectab	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9108	Onc dx pancreatic unknwn NOS	Not subject to pre-service review.	_	_	_	
		Non Covered: Procedure/service not covered by the Plan.				
G9109	Onc dx head/neck T1-T2no prg	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.  Non Covered: Procedure/service not covered by the Plan.				
G9111	Onc dx head/neck M1 mets rec	· · · · · · · · · · · · · · · · · · ·	_	_	_	
		Not subject to pre-service review.				

G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the Plan.	_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.		
G9113	Onc dx ovarian stg1A-B no pr	· · · · · · · · · · · · · · · · · · ·	_	_
		Not subject to pre-service review.		
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		
G9115	Onc dx ovarian stg3/4 noprog	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		_
G9116	Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by the Plan.		
05110	one ax ovarian recurrence	Not subject to pre-service review.	_	-
G9117	Onc dx ovarian unknown NOS	Non Covered: Procedure/service not covered by the Plan.		
G9117	One ax ovarian unknown NOS	Not subject to pre-service review.	-	-
C0133	One de CNAL abrecia abreca	Non Covered: Procedure/service not covered by the Plan.		
G9123	Onc dx CML chronic phase	Not subject to pre-service review.	-	-
00404	0 1 0 1 1	Non Covered: Procedure/service not covered by the Plan.		
G9124	Onc dx CML acceler phase	Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the Plan.		
G9125	Onc dx CML blast phase	Not subject to pre-service review.	-	_
		Non Covered: Procedure/service not covered by the Plan.		
G9126	Onc dx CML remission	Not subject to pre-service review.	_	_
	Oncology; Disease Status; Limited To Multiple Myeloma	Not subject to pre-service review.		
C0130		Non Covered: Procedure/service not covered by the Plan.		
G9128	Systemic Disease; Smoldering Stage I (For Use In A	Not subject to pre-service review.	-	-
	Medicare-Approved Demonstration Project)	No. Co. and Donal of the State of the Black		
G9129	Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by the Plan.		
	, , ,	Not subject to pre-service review.		_
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		-
G9131	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the Plan.		
05151	One ax bist anknown 1405	Not subject to pre-service review.	_	-
G9132	One dy proctato mote no cast	Non Covered: Procedure/service not covered by the Plan.		
G9152	Onc dx prostate mets no cast	Not subject to pre-service review.	-	-
60422	Over the constant of the lead most	Non Covered: Procedure/service not covered by the Plan.		
G9133	Onc dx prostate clinical met	Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the Plan.		
G9134	Onc NHLstg 1-2 no relap no	Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the Plan.		
G9135	Onc dx NHL stg 3-4 not relap	Not subject to pre-service review.	-	-
		Non Covered: Procedure/service not covered by the Plan.		
G9136	Onc dx NHL trans to lg Bcell	Not subject to pre-service review.	_	_
		Non Covered: Procedure/service not covered by the Plan.		
G9137	Onc dx NHL relapse/refractor	· · · · · · · · · · · · · · · · · · ·	_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.		
G9138	Onc dx NHL stg unknown		_	_
		Not subject to pre-service review.		
G9139	Onc dx CML dx status unknown	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		<del>-</del>
G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by the Plan.		
33170	Tronder extended stay defille	Not subject to pre-service review.		<del>-</del>
·				

	Outputiont Interview and Insult Tourist (ON/IT) (1)				
	Outpatient Intravenous Insulin Treatment (OIVIT) either	FILL Broad or from the color of			
00447	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	No. County December 1 to 1 t			
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.			
	<u> </u>	Not subject to pre-service review.	_		_
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan.			
	<u>'</u>	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	)		
	Abdition	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	9/18/2023		
000.12	refeatalledus islet cellifalis	avoid post-service review. Prior Authorization may be	3, 13, 2323	_	-
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
J0202	Injection alemtuzumab	Policy Criteria. Submit for Recommended Clinical Review to			
	injection aleitituzumas	avoid post-service review. Prior Authorization may be-	_	_	-
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
G0342	Laparoscopy islet cell trans	Policy Criteria. Submit for Recommended Clinical Review to	0/18/2023		
G0342	Laparoscopy isiet cell trails	avoid post-service review. Prior Authorization may be-	3/ 10/ 2023	_	-
		required per contract agreement.			

		MD Criteria December / coming assigned excited Medical
		MP Criteria: Procedure/service reviewed against Medical
J0219	Inj aval alfa-nqpt 4mg	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review. Prior Authorization may be
		required per contract agreement.  MAR Critoria Pusas dura (son instrumed against Madisa)
		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
30222	my pational 0.2 mg	avoid post-service review. P <del>rior Authorization may be</del>
		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
30223	ing gives it an easily and a second s	avoid post-service review. P <del>rior Authorization may be</del>
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
J0224	Inj. lumasiran 0.5 mg	Policy Criteria. Submit for Recommended Clinical Review to
J0224	inj. idinasiran 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
00343	Laparotorny islet cell transp	avoid post-service review. P <del>rior Authorization may be</del>
		required per contract agreement.
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or
30230	Alpha 1 proteinase illinoitor	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
30430	INJECTION BELINIONIAD TO MIG	avoid post-service review. P <del>rior Authorization may be</del>
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
J0491	Inj anifrolumab-fnia 1mg	Policy Criteria. Submit for Recommended Clinical Review to
J0491	inj aniirolumab-ima 1mg	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
IOE17 Ini honralizumah 1 ma	Ini honralizumah 1 ma	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
IOEGE	Ini harlatawanah 10	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.

		MD Critoria: Procedure/convice reviewed against Medical		
	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical		
J0567		Policy Criteria. Submit for Recommended Clinical Review to		
		avoid post-service review. Prior Authorization may be	<del>-</del>	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
J0584	Injection burosumab-twza 1m	Policy Criteria. Submit for Recommended Clinical Review to		
	3	avoid post-service review. Prior Authorization may be	<del>-</del>	<del>-</del>
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
J0586	AbobotulinumtoxinA	Policy Criteria. Submit for Recommended Clinical Review to		
30300	Abbotamantoxina	avoid post-service review. Prior Authorization may be	_	_
		required per contract agreement.		
		MP Criteria: Procedure/service reviewed against Medical		
J0587	Inj rimabotulinumtoxinB	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Retire effective 01/01/2024
10367	ing rimabotulinumtoxins	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		
10500	INTECTION INCOROTINIANIA A CINIT	Policy Criteria. Submit for Recommended Clinical Review to	4 /4 /2024	Dating official and 04 /04 /0004
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		
	Certolizumab pegol inj 1mg	Policy Criteria. Submit for Recommended Clinical Review to		
J0717		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		
	Inj crizanlizumab-tmca 5mg	Policy Criteria. Submit for Recommended Clinical Review to		
J0791		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		
		Policy Criteria. Submit for Recommended Clinical Review to		
J1301	Injection edaravone 1 mg	avoid post-service review. Prior Authorization may be	_	_
		·		
		required per contract agreement.  MP Criteria: Procedures/services reviewed against Medical		
C0422	Intensive Cardiac Rehabilitation; With Or Without			
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	<u>_</u>	_
		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	
11300	injection inclision 1 mg	avoid post-service review. Prior Authorization may be	-
		required per contract agreement.	
		MP Criteria: Procedure/service reviewed against Medical	
J1325	Engagetonal injection	Policy Criteria. Submit for Recommended Clinical Review to	
J1325	Epoprostenol injection	avoid post-service review. Prior Authorization may be	
		required per contract agreement.	
	Interesina Condina Dahahilitatian Milah On Milahant	MP Criteria: Procedures/services reviewed against Medical	
G0423	Intensive Cardiac Rehabilitation; With Or Without	Policy Criteria. Submit for Recommended Clinical Review to _	
	Continuous Ecg Monitoring; Without Exercise Per Session	avoid post-service review by BCBS.	<del>-</del>
	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.	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
J1428	Inj eteplirsen 10 mg	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	
02003	visit esketainine > som	avoid post-service review by BCBS.	-
		MP Criteria: Procedure/service reviewed against Medical	
		Policy Criteria. Submit for Recommended Clinical Review to	
J1551	Inj cutaquig 100 mg	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 Dragoduro (comico not are efficilly defined as	
J1566 II	Large and the Paragraphs	Unlisted: Procedure/service not specifically defined or	
	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 _	_
		Authorization may be required per contract agreement.	

		MP Criteria: Procedures/services reviewed against Medical
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
31723	ing nyaroxyprogat capoat noa	classified, maybe subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical
14746	lai ibaliawaab wide 10 aas	Policy Criteria. Submit for Recommended Clinical Review to
J1746	Inj. ibalizumab-uiyk 10 mg	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
50210	my emparation and those arms	avoid post-service review by BCBS.
		MP Criteria: Procedure/service reviewed against Medical
J1823	Inj. inebilizumab-cdon 1 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
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
		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
		·
J2278	Ziconotide 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
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
1225.0	luitaranalunah alda 1	Policy Criteria. Submit for Recommended Clinical Review to
J2356	Inj tezepelumab-ekko 1mg	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
		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.
l		MP Criteria: Procedures/services reviewed against Medical
J1427	Inj. viltolarsen	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		
J2507	INJECTION PEGLOTICASE 1 MG	·	_	_
		avoid post-service review. Prior Authorization may be		
		required per contract agreement.		
14.400		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.		
		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.		
		MP Criteria: Procedure/service reviewed against Medical		
J1747	Inj spesolimab-sbzo 1 mg	Policy Criteria. Submit for Recommended Clinical Review to 5/1/2023	_	_
		avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
12022	Ini antinazumah iimr 1 mg	Policy 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.		
		MP Criteria: Procedure/service reviewed against Medical		
10404		Policy Criteria. Submit for Recommended Clinical Review to		
J3121	Inj testostero enanthate 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		
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		
J3285	Treprostinil injection	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		
J1951	Inj fensolvi 0.25 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		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		
12280	Injection vadalizumah	Policy Criteria. Submit for Recommended Clinical Review to		
J3380	Injection vedolizumab	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
	mj laktarna i billion vec g	avoid post-service review. Prior Authorization may be-
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
12200	Let a consider a constitution of	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.
		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. — — — — — — — — — — — — — — — — — — —
J2440	Injection Panavarina Hel Lln To 60 Mg	-
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
		-
J7178	Inj human fibrinogen con nos	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review. Prior Authorization may be
		required per contract agreement.
J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or
		classified, maybe subject to contract/clinical review.
J7199	Hemophilia 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.
17500	Immunocumproceius drug nos	Unlisted: Procedure/service not specifically defined or
J7599	Immunosuppressive drug noc	classified, maybe subject to contract/clinical review.
		EIU: Procedure/service not reimbursed by the Plan. Not
J7604	Acetylcysteine comp unit	subject to pre-service review. Check EIU policy, which is
	. toot, of sterile comp and	one of our Clinical Payment and Coding Policy (CPCP).
		2 2 2, 2, 3 3 3 4 5 4 5 5

		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
37022	becioniethasone comp unit	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
17624	Determethese ne comp unit	
J7624	Betamethasone 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
J7627	Budesonide 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
J7628	Bitolterol mesylate 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
J7629	Bitolterol mesylate comp unt	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
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
7,000	nare comp con	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
17030	Attopine comp unit	one of our Clinical Payment and Coding Policy (CPCP).
J7637	Dovomathosona coma con	EIU: Procedure/service not reimbursed by the Plan. Not
1/03/	Dexamethasone comp con	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
17600		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).

		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
0,0.0	ipida opidii di oimae oomp	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
37047	isoetharine comp con	
		one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not
17650	the other days are seen	
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
	· ·	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
3,0,0	r circumanic comp anic dose	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
J7680	Terbutaline sulf comp con	subject to pre-service review. Check EIU policy, which is
17000	rerbutaline suit comp con	
		one of our Clinical Payment and Coding Policy (CPCP).
17604	Tarke talker as If access units	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).

17600				
J7699	Inhalation solution for DME	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
J7799	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or		
		classified, maybe subject to contract/clinical review.		
J7999	Compounded drug noc	Unlisted: Procedure/service not specifically defined or		
37333	Compounded drug floc	classified, maybe subject to contract/clinical review.	_	_
J8498	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or		
10430	Antiemetic rectal/supp NOS	classified, maybe subject to contract/clinical review.	<del>-</del>	-
19.400	Ovel avecesia dava a ca eb casa	Unlisted: Procedure/service not specifically defined or		
J8499	Oral prescrip drug non chemo	classified, maybe subject to contract/clinical review.	_	-
		Unlisted: Procedure/service not specifically defined or		
J8597	Antiemetic drug oral NOS	classified, maybe subject to contract/clinical review.	_	-
		Unlisted: Procedure/service not specifically defined or		
J8999	Oral prescription drug chemo	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
J9020	Asparaginase NOS	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
12770	Init susuima 0.1 mg			
J2779	Inj susvimo 0.1 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	-
		avoid post-service review by BCBS.		
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the Plan.		
		Not subject to pre-service review.		
	Inj efgartigimod 2mg	MP Criteria: Procedure/service reviewed against Medical		
9332		Policy Criteria. Submit for Recommended Clinical Review to		
33302		avoid post-service review. Prior Authorization may be	<del>-</del>	_
		required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
J3299	Inj xipere 1 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		Unlisted: Procedure/service not specifically defined or		
J9999	Chemotherapy drug	classified, maybe subject to contract/clinical review. Prior		
19999	Chemotherapy drug	<del>-</del>	_	-
		Authorization may be required per contract agreement.		
		MP Criteria: Procedures/services reviewed against Medical		
J3520	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	Inj. fibryga 1 mg	Policy Criteria. Submit for Recommended Clinical Review to _		
		avoid post-service review by BCBS.	_	<del>-</del>
		MP Criteria: Procedures/services reviewed against Medical		
J7309	Methyl Aminolevulinate (Mal) For Topical Administration	Policy Criteria. Submit for Recommended Clinical Review to _		
37303	16.8% 1 Gram	<del>-</del>	_	_
		avoid post-service review by BCBS.		
17246	Laterative Contribution 0.435.55	MP Criteria: Procedures/services reviewed against Medical		
J7316	Injection Ocriplasmin 0.125 Mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
J7402	Mometasone sinus sinuva	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
·				

		MP Criteria: Procedures/services reviewed against Medical			
J9600	Porfimer sodium injection	Policy Criteria. Submit for Recommended Clinical Review to _			
35000	i orniner sodium injection	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.			
K0108	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			
K0005	Ultralightweight wheelchair	Policy Criteria. Submit for Recommended Clinical Review to _			
KUUUS	Oltrangittweight wheelchan	<del>-</del>	-	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical			
K0010	Stnd wt frame power whichr	Policy Criteria. Submit for Recommended Clinical Review to			
KUUTU	Strid wt frame power which	·	-	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical			
V0011	Charles to the control of the control	·			
K0011	Stnd wt pwr whichr w control	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
V0013	l to ot a control account of the	MP Criteria: Procedures/services reviewed against Medical			
K0012	Ltwt portbl power whichr	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.			
V0040		MP Criteria: Procedures/services reviewed against Medical			
K0013	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			
K0014	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			
K0812	Power operated vehicle NOC	avoid post-service review.			
		Unlisted or Undefined: Procedures/services not specifically —	_	_	
		defined or classified, maybe subject to contract/clinical			
		review.			
		MP Criteria: Procedures/services reviewed against Medical			
K0065	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			
K0800	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			
к0806	POV group 2 std up to 300lbs	Policy Criteria. Submit for Recommended Clinical Review to _			
	6 to provide the control of the cont	avoid post-service review by BCBS.	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical			
К0807	POV group 2 hd 301-450 lbs	Policy Criteria. Submit for Recommended Clinical Review to _			
	6	avoid post-service review by BCBS.	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical			
к0808	POV group 2 vhd 451-600 lbs	Policy Criteria. Submit for Recommended Clinical Review to			
110000	1 0 V B1 0 up 2 VII u 15 I 0 0 0 155	avoid post-service review by BCBS.	-	_	
		MP Criteria: Procedures/services reviewed against Medical			
K0813	PWC gp 1 std port seat/back	Policy Criteria. Submit for Recommended Clinical Review to _			
10013	T We gp I stu port seat, back	avoid post-service review by BCBS.	-	_	
		avoid post-service review by BCB3.			
		MP Criteria: Procedures/services reviewed against Medical			
K0814	PWC gp 1 std port cap chair	Policy Criteria. Submit for Recommended Clinical Review to			
	<u>.                                    </u>	avoid post-service review by BCBS.	_	_	
		, , , , , , , , , , , , , , , , , , , ,			
		MP Criteria: Procedures/services reviewed against Medical			
K0815	PWC gp 1 std seat/back	Policy Criteria. Submit for Recommended Clinical Review to _			
	<i>.</i>	avoid post-service review by BCBS.	-	_	
		,			
		MP Criteria: Procedures/services reviewed against Medical			
K0816	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.	_		
		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	
K0822	DIAIC and a statement / hands	Policy Criteria. Submit for Recommended Clinical Review to	
KU022	PWC gp 2 std seat/back	·	-
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical	
νοορρ	DIMIC on 2 and on shair	· · · · · · · · · · · · · · · · · · ·	
K0823	PWC gp 2 std cap chair	Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review by BCBS.	
V0024	DMC 2 h-l 1 // 1	MP Criteria: Procedures/services reviewed against Medical	
K0824	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	_
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0829	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	
K0830	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	
K0831	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	
K0835	PWC gp2 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
	51 7	avoid post-service review by BCBS.	_
		MP Criteria: Procedures/services reviewed against Medical	
к0836	PWC gp2 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to _	
	OF THE STATE	avoid post-service review by BCBS.	_
		MP Criteria: Procedures/services reviewed against Medical	
к0837	PWC gp 2 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
10037	Two Sp 2 nd sing pow opt 3/5	avoid post-service review by BCBS.	_
		MP Criteria: Procedures/services reviewed against Medical	
к0838	PWC gp 2 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	
10030	Twe gp 2 ha sing pow opt cap	avoid post-service review by BCBS.	_
		MP Criteria: Procedures/services reviewed against Medical	
к0839	PWC gp2 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
1.0033	1 WC 8PZ VIIG SIIIS POW OPL 3/D	avoid post-service review by BCBS.	-
		MP Criteria: Procedures/services reviewed against Medical	
K0840	DIVIC and who sing now ant all	Policy Criteria. Submit for Recommended Clinical Review to	
NU04U	PWC gp2 xhd sing pow opt s/b		-
		avoid post-service review by BCBS.	

		MP Criteria: Procedures/services reviewed against Medical	
V0044	DIAIC and 2 and another accordant alla	·	
K0841	PWC gp2 std mult pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
V0043	DIAIC and and multiples are	MP Criteria: Procedures/services reviewed against Medical	
K0842	PWC gp2 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	
K0843	PWC gp2 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	
K0848	PWC gp 3 std seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0849	PWC gp 3 std cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0850	PWC gp 3 hd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0851	PWC gp 3 hd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0852	PWC gp 3 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0853	PWC gp 3 vhd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0854	PWC gp 3 xhd seat/back	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0855	PWC gp 3 xhd cap chair	Policy Criteria. Submit for Recommended Clinical Review to	
	J	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0856	PWC gp3 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
	t tro spo sta sg port opt s/s	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0857	PWC gp3 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	
10037	Twe gps sta sing pow opt cap	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0858	PWC gp3 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
10030	1 We gps ha sing pow opt 3/b	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
K0859	PWC gp3 hd sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to	
10033	r we gps iiu siiig pow opt cap		
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical	
K0860	DIMC and whole sing now ant all		
NUBBU	PWC gp3 vhd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	

		NAD Criteria: Dressed was /somiless as is used assistat Nasdical		
V00C1	DMC and a stall movels are one and a //-	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.		
waa.ca	D146 01 1 1 1 1 1 1	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.		
		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 _		
10003	1 We Sp 1 std cap chair	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		
KU67U	PWC gp 4 Hu seat/back	· –	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
K0871	PWC gp 4 vhd seat/back	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
K0877	PWC gp4 std sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to _		
10077	1 We gp+ std sing pow opt 3/ b	avoid post-service review by BCBS.	_	_
		Unlisted: Procedure/service not specifically defined or		
K0898	Power wheelchair NOC	· · · · · · · · · · · · · · · · · · ·	_	_
		classified, maybe subject to contract/clinical review.		
v2070	D. 1.0	MP Criteria: Procedures/services reviewed against Medical		
K0878	PWC gp4 std sing pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1002	Ces system	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).		
K1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan.	12/31/2023	Retire effective 12/31/2023
K1002	Willipool Tub Walkiii Portabi	Not subject to pre-service review.	12/31/2023	Retire effective 12/31/2025
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1004	Lo freq us diathermy device	subject to pre-service review. Check EIU policy, which is	_	_
	· · · ·	one of our Clinical Payment and Coding Policy (CPCP).	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1007	Bil hkaf pc s/d micro sensor	subject to pre-service review. Check EIU policy, which is		
	po 5/ 4 5 551.55.	one of our Clinical Payment and Coding Policy (CPCP).	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not		
K1009	Speech volume modulation ave		12/21/2022	Potice offective 13/21/2022
K1003	Speech volume modulation sys	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		
K1018	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		
K1019	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		
K0879	PWC gp4 hd sing pow opt s/b	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
V4.000		EIU: Procedure/service not reimbursed by the Plan. Not	42/24/2022	D .:
K1023	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		
K1027	Oral dev without fix mech	Policy Criteria. Submit for Recommended Clinical Review to	_	_
		avoid post-service review. Prior Authorization may be		
		required per contract agreement.		
waaaa	2000 4 1 1 1	MP Criteria: Procedures/services reviewed against Medical		
K0880	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		_
	<u>`</u>	classified, maybe subject to contract/clinical review.	<del>-</del>	
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or	_	_
		classified, maybe subject to contract/clinical review.		
V0004	DMC and add as the area and all	MP Criteria: Procedures/services reviewed against Medical		
K0884	PWC gp4 std mult pow opt s/b	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	_	_
		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.  Non Covered: Procedure/service not covered by the Plan.		
L3050	Foot arch supp premold metat		_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.		
L3060	Foot arch supp longitud/meta	Not subject to pre-service review.	_	_
		Unlisted: Procedure/service not specifically defined or		
L3649	Orthopedic shoe modifica NOS	classified, maybe subject to contract/clinical review.	_	_
		Unlisted: Procedure/service not specifically defined or		
L3999	Upper limb orthosis NOS	classified, maybe subject to contract/clinical review.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
K0885	PWC gp4 std mult pow opt cap	Policy Criteria. Submit for Recommended Clinical Review to		
110003	· •• • 5p · sta mare pow opt cap	avoid post-service review by BCBS.	=	_
		arola post service review by bobs.		
		MP Criteria: Procedures/services reviewed against Medical		
K0886	PWC gp4 hd mult pow s/b	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		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.		-	-
K0891	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.		-	-
K1020	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
K1024	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
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
K1030	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.		_	-
K1031	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
K1032	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
K1033	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		
15057	Floor knoop ship swing only			
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 fact are dore plant flow			
L59/5	Ank-foot sys dors-plant flex	Policy Criteria. Submit for Recommended Clinical Review to _	-	-
		avoid post-service review by BCBS.		
1.002.0	Book hand on a real starra decr	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		
L6880	INDEPENDENTLY ARTICULATING DIGITS ANY GRASP	Policy Criteria. Submit for Recommended Clinical Review to _		
	PATTERN OR COMBINATION OF GRASP PATTERNS	avoid post-service review by BCBS.	_	-
	INCLUDES MOTOR(S)	<u> </u>		
		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 _	_	_
L6930		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 _	_	_
		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 _	_	_
		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		
	•	avoid post-service review by BCBS.	_	_
		MP Criteria: Procedures/services reviewed against Medical		
L6950	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		
	naore elaction in periodical control	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		
2000	Sinal district Switch Contro	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		
2000	Sinai disartic myociectronic	avoid post-service review by BCBS.	_	-
		avoid post-service review by bcbs.		

		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.			
17400		Unlisted: Procedure/service not specifically defined or			
L7499	Upper extremity prosthes NOS	classified, maybe subject to contract/clinical review.	_	_	
		Unlisted: Procedure/service not specifically defined or			
L8039	Breast prosthesis NOS	classified, maybe subject to contract/clinical review.	-	_	
		Unlisted: Procedure/service not specifically defined or			
L8048	Unspec maxillofacial prosth	classified, maybe subject to contract/clinical review.	-	_	
		Unlisted: Procedure/service not specifically defined or			
L8499	Unlisted misc prosthetic ser	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			
27000	r calatric ciccure nama	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			
18003	ing buiking agent anal canal	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 _			
17009	Addit electric flook	<del>_</del>	_	_	
		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			
L8008	Arg ii ext com/sup/acc misc		-	_	
		one of our Clinical Payment and Coding Policy (CPCP).  MP Criteria: Procedures/services reviewed against Medical			
17040	Duck socile activates	·			
L7040	Prehensile actuator	Policy Criteria. Submit for Recommended Clinical Review to _	-	_	
		avoid post-service review by BCBS.  MP Criteria: Procedure/service reviewed against Medical			
		Delian Criteria. Culturit for December and ad Clinical Device to			
L8614	Cochlear Device	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			
L8615	Coch Implant Headset Replace	Policy Criteria. Submit for Recommended Clinical Review to			
	p	avoid post-service review. Prior Authorization may be	_	_	
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
L8616	Coch Implant Microphone Repl	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review. Prior Authorization may be	_	<del>-</del> -	
		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			
23017	Coch implant Trans Con Nepi	avoid post-service review. Prior Authorization may be	-	_	
		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 9/1:	18/2023		
avoid post-service review. <del>Prior Authorization may be-</del>	•	-	_
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 9/1:	18/2023		
avoid post-service review. Prior Authorization may be	10/2023	-	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Criteria. Submit for Recommended Clinical Review to	18/2023		
L8621 Repl Zinc Air Battery avoid post-service review. Prior Authorization may be	18/2023	-	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Criteria. Submit for Recommended Clinical Review to	/		
L8622 Repl Alkaline Battery avoid post-service review. Prior Authorization may be-	18/2023	_	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Criteria. Submit for Recommended Clinical Review to			
Lith Ion Batt Cid Non-Earlyl avoid post-service review. Prior Authorization may be	18/2023	_	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Critoria, Submit for Pacammanded Clinical Paviow to			
Lith Ion Batt Cid Ear Level avoid post-service review. Prior Authorization may be	18/2023	_	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Critaria, Submit for Pasammandad Clinical Payiou to			
L8627 Cid Ext Speech Process Repl avoid post-service review. Prior Authorization may be	18/2023	_	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Delian Critaria Culturi for Decommended Clinical Pavianu to			
L8628 Cid Ext Controller Repl avoid post-service review. Prior Authorization may be-	18/2023	_	_
required per contract agreement.			
MP Criteria: Procedure/service reviewed against Medical			
Policy Criteria. Submit for Recommended Clinical Review to			
118629 Cid Transmit Coil And Cable 9/1	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			
II X690 Aud Osseo Dev. Int/Ext Comp. 9/13	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  Aoi Snd Proc Repl Excl Actua  Policy Criteria. Submit for Recommended Clinical Review to  9/1:	18/2023	_	_
avoid post-service review. Prior Authorization may be			
required per contract agreement.			

		MP Criteria: Procedure/service reviewed against Medical			
	Aud Osseo Dev Abutment	Delian Critaria Culturit for December and ed Clinical Devian to			
L8693		Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		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.			
N4007E	Calluday the year.	Non Covered: Procedure/service not covered by the Plan.			
M0075	Cellular 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	· · · · · · · · · · · · · · · · · · ·	6/1/2023		
1010241	casiii ana imacy repeat iiii	one of our Clinical Payment and Coding Policy (CPCP).	0/1/2023	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
M0243	Casirivi and imdevi inj	· · · · · · · · · · · · · · · · · · ·	6/1/2023		
1010243	Casinivi and inidevi inj	one of our Clinical Payment and Coding Policy (CPCP).	0/1/2023	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not			
NAO244	Casiriui and implaui ini hm	· · · · · · · · · · · · · · · · · · ·	6/1/2022		
M0244	Casirivi and imdevi inj hm		6/1/2023	-	_
		one of our Clinical Payment and Coding Policy (CPCP).			
140245	hands and done of the	EIU: Procedure/service not reimbursed by the Plan. Not	6/4/2022		
M0245	bamlan and etesev infusion		6/1/2023	-	_
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not	- 4: 4		
M0246	Bamlan and etesev infus home		6/1/2023	-	_
		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	_	_	_
		avoid post-service review by BCBS.			
		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	Naise and Jaco and MAD	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.	
		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	
L/101	Electronic elbo simultaneous	avoid post-service review by BCBS.	
		MP Criteria: Procedures/services reviewed against Medical	
L7185	Electron elbow adolescent sw	·	
L/105	Electron elbow adolescent sw	Policy Criteria. Submit for Recommended Clinical Review to	
		avoid post-service review by BCBS.	
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or	
		classified, maybe subject to contract/clinical review.	
		MP Criteria: Procedure/service reviewed against Medical	
Q2041	Axicabtagene ciloleucel car+	Policy Criteria. Submit for Recommended Clinical Review to	
-	ŭ	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	
Q2012	risagemedicated our post	avoid post-service review. Prior Authorization may be-	
		required per contract agreement.	
Q2050 Doxorubicin inj 10mg		Unlisted: Procedure/service not specifically defined or	
	Doxorubicin inj 10mg	classified, maybe subject to contract/clinical review. Prior	
Q2030	DOXOTUBICITI IIIJ TOTING	Authorization may be required per contract agreement.	
		Authorization may be required per contract agreement.	
02052	luig dama, carvicas (cumplias	Non Covered: Procedure/service not covered by the Plan.	
Q2052	Ivig demo services/supplies	Not subject to pre-service review.	

		MP Criteria: Procedure/service reviewed against Medical
	Brexucabtagene car pos t	Policy Criteria. Submit for Recommended Clinical Review to
Q2053		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
Q2054	Lisocabtagene mara car pos t	
		avoid post-service review. Prior Authorization may be
		required per contract agreement.  MP Criteria: Procedure/service reviewed against Medical
Q2055	Idecabtagene vicleucel car	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review. Prior Authorization may be
		required per contract agreement.
		MP Criteria: Procedure/service reviewed against Medical
Q2056	Ciltacabtagene car-pos t	Policy Criteria. Submit for Recommended Clinical Review to
,		avoid post-service review. Prior Authorization may be
		required per contract agreement.
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or
Q.000		classified, maybe subject to contract/clinical review.
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or
Q+031	эрин зарриез низе	classified, maybe subject to contract/clinical review.
		Non Covered: Procedure/service not covered by the Plan.
	Drug/bio NOC part B drug CAP	Not subject to pre-service review.
Q4082		Unlisted or Undefined: Procedures/services not specifically
		defined or classified, maybe subject to contract/clinical
		review.
		MP Criteria: Procedure/service reviewed against Medical
		Policy Criteria. Submit for Recommended Clinical Review to
0.4100	Chin anhatituta NOC	avoid post-service review.
Q4100	Skin substitute NOS	Unlisted or Undefined: Procedures/services not specifically — — — — — — — — — — — — — — — — — —
		defined or classified, maybe subject to contract/clinical
		review.
		MP Criteria: Procedures/services reviewed against Medical
L7186	Electron elbow child switch	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
L7190	Elbow adolescent myoelectron	Policy Criteria. Submit for Recommended Clinical Review to
	•	avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4103	Oasis burn matrix	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4104	Integra BMWD	subject to pre-service review. Check EIU policy, which is
	IIIIegia pivivVD	one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
L7191	Flhow child myoelectronic ct	Policy Criteria. Submit for Recommended Clinical Review to
L/131	Elbow child myoelectronic ct	avoid post-service review by BCBS.
T. Control of the Con		avoid post-service review by bobs.

		AAD City is December of the State of the AA alice!		
	Twelve volt battery utah/equ	MP Criteria: Procedures/services reviewed against Medical		
L7364		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		
7.220		one of our Clinical Payment and Coding Policy (CPCP).	<del>-</del>	<del>-</del>
		MP Criteria: Procedures/services reviewed against Medical		
L8606	Synthetic implnt urinary 1ml	Policy Criteria. Submit for Recommended Clinical Review to		
	Synthetic impirit diffiary 11111	avoid post-service review by BCBS.	<del>-</del> -	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4115	Alloskin	subject to pre-service review. Check EIU policy, which is		
Q+115	Alloskiii	one of our Clinical Payment and Coding Policy (CPCP).	_	-
		MP Criteria: Procedures/services reviewed against Medical		
L8612	Aqueous shunt prosthesis	Policy Criteria. Submit for Recommended Clinical Review to _		
10012	Aqueous strait prostriesis	avoid post-service review by BCBS.	_	_
		EIU: Procedure/service not reimbursed by the Plan. Not		
Q4117	Huolamatriy	subject to pre-service review. Check EIU policy, which is		
Q4117	Hyalomatrix		<del>-</del>	-
		one of our Clinical Payment and Coding Policy (CPCP).		
04110	Matrictom micromatriu	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).		
04121	Themselve	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).		
	5 1 71	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).		
	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE	EIU: Procedure/service not reimbursed by the Plan. Not		
Q4124	CENTIMETER  CENTIMETER	subject to pre-service review. Check EIU policy, which is	_	_
	CENTIMETER	one of our Clinical Payment and Coding Policy (CPCP).		

		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			
Q2020	nadicose injection	avoid post-service review by BCBS.	_	<del>-</del>	
		EIU: Procedure/service not reimbursed by the Plan. Not			
Q4134	hMatrix	subject to pre-service review. Check EIU policy, which is			
Q+15+	HIVIOLIX	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			
Q4133	IVICUISKIII		-	_	
		one of our Clinical Payment and Coding Policy (CPCP).			
04126	F7.4	EIU: Procedure/service not reimbursed by the Plan. Not			
Q4136	EZderm	subject to pre-service review. Check EIU policy, which is	-	-	
		one of our Clinical Payment and Coding Policy (CPCP).			
		EIU: Procedure/service not reimbursed by the Plan. Not			
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
Q4143	Repriza 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
Q4145	Epifix inj 1mg	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4146	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
Q4147	Architect ecm px fx 1 sq cm	subject to pre-service review. Check EIU policy, which is
<b>-</b>		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4148	Neox neox rt or clarix cord	subject to pre-service review. Check EIU policy, which is
Q+1+0	Neox neox re or clarix cord	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4149	Fysallagan 0.1 sa	·
Q4149	Excellagen 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
Q4150	Allowrap ds or dry 1 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
Q2028	Inj sculptra 0.5mg	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4152	Dermapure 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
Q4153	Dermavest plurivest 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
Q4101	Apligraf	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4155	Neoxflo or clarixflo 1 mg	subject to pre-service review. Check EIU policy, which is
2.200		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4156	Neox 100 or clarix 100	subject to pre-service review. Check EIU policy, which is
Q+150	NCOX 100 OF CIGHX 100	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4157	Revitalon 1 square cm	subject to pre-service review. Check EIU policy, which is
Q4157	Revitaion 1 Square cm	
		one of our Clinical Payment and Coding Policy (CPCP).
0.4450	W	EIU: Procedure/service not reimbursed by the Plan. Not
Q4158	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
Q4102	Oasis wound matrix	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.

		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
Q+103	Woundex Bloskin per sq cin	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
04164	Holicall, nor causes am	
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
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4167	Truskin per sq 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
Q4105	Integra drt or omnigraft	Policy Criteria. Submit for Recommended Clinical Review to
		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
4.203	, weather mountain per sq sin	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4170	Cygnus per sq cm	subject to pre-service review. Check EIU policy, which is
Q4170	Cygnus per sq cm	
		one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not
04171	Interfel 1 mg	
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
Q+100	nevita per 34 cm	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
04101	A	
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
		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
		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
		one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
Q4106	Dermagraft	Policy Criteria. Submit for Recommended Clinical Review to
Q1100	Bernagran	avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
04107	Craftiacket	·
Q4107	Graftjacket	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
0.4400	A	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
.,	g	one of our Clinical Payment and Coding Policy (CPCP).
		one of our chinical rayment and country (or or ).

		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
7.223		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
Q+133	cygnus muthix 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	Skill te 13q till	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4201	Matrion 1 ca cm	
Q4201	Matrion 1 sq cm	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
04202	Karam (2 Fa/as) 1aa	EIU: Procedure/service not reimbursed by the Plan. Not
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).
		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).

		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				
	, and the second	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).	_	_	<del>-</del>	
		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				
Q1213	7 Motor amotoric cryo o.1 mg	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				
Q4210	Artacent cord per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	-	_	_	
		EIU: Procedure/service not reimbursed by the Plan. Not				
Q4217	Woundfix biowound plus value	· · · · · · · · · · · · · · · · · · ·				
Q4217	Woundfix biowound plus xplus	subject to pre-service review. Check EIU policy, which is	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
0.424.0	Control	EIU: Procedure/service not reimbursed by the Plan. Not				
Q4218	Surgicord 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				
Q4219	Surgigraft dual 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				
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				
Q.LL1	Allimotore per sq citi	one of our Clinical Payment and Coding Policy (CPCP).	-	<del>-</del>	-	
		one of our Chilical Payment and County 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				
Q 1232	corpiex per sq cm	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				
Q4233	Surfactor /fludyir per 0.5 cc		_	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not				
0.422.4	Was Haraka a sana a sa	•				
Q4234	Xcellerate per sq cm	subject to pre-service review. Check EIU policy, which is	-	-	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. Not				
Q4235	Amniorepair or altiply sq cm	subject to pre-service review. Check EIU policy, which is	_	_	_	
		one of our Clinical Payment and Coding Policy (CPCP).				
		EIU: Procedure/service not reimbursed by the Plan. Not				
Q4236	Carepatch 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				
Q4237	Cryo-cord per sq cm	subject to pre-service review. Check EIU policy, which is				
ζ.207	c. ye cora per oq o	one of our Clinical Payment and Coding Policy (CPCP).	_	_	_	
		one of our chimean ayment and county to hey (cr cr ).				
		501.0				
		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	_	_	_	
		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		_	<u>_</u>	
		one of our Clinical Payment and Coding Policy (CPCP).	_	<del>-</del>	<u>-</u>	
		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				
Q1277	Trocenta per 200 mg	one of our Clinical Payment and Coding Policy (CPCP).	-	-	<del>-</del>	
		one of our clinical rayinetic and county rolley (CPCP).				

		EIU: Procedure/service not reimbursed by the Plan. Not
Q4245	Amniotext 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
Q4246	Coretext or protext per cc	subject to pre-service review. Check EIU policy, which is
Q4240 CI		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4247	Amniotext patch 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
Q4248	Dermacyte amn mem allo sq cm	subject to pre-service review. Check EIU policy, which is
Q4240	bernacyte anni mem ano sq em	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
04240	Amnink, nor ca em	
Q4249	Amniply 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
Q4250	Amnioamp-mp 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
Q4251	Vim 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
Q4252	Vendaje per square centimet	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4253	Zenith amniotic membrane psc	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4254	Novafix dl per sq cm	subject to pre-service review. Check EIU policy, which is
7.27		one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4255	Reguard topical use per sq	subject to pre-service review. Check EIU policy, which is
Q4233	Regulia topical ase pel sq	one of our Clinical Payment and Coding Policy (CPCP).
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4256	Mig complet per co em	
Q4250	Mlg complet per sq cm	subject to pre-service review. Check EIU policy, which is
		one of our Clinical Payment and Coding Policy (CPCP).
0.4057		EIU: Procedure/service not reimbursed by the Plan. Not
Q4257	Relese 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
Q4258	Enverse 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
Q4259	Celera 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
Q4260	Signature apatch 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
Q4261	Tag 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
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).
		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
Q4203	Neostiii ti pei sq ciii	one of our Clinical Payment and Coding Policy (CPCP).
		MP Criteria: Procedures/services reviewed against Medical
04100	Intogra matrix	
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
		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
		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
		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
	Definition and persons square	avoid post-service review by BCBS.
		EIU: Procedure/service not reimbursed by the Plan. Not
Q4269	Surgraft xt per sq cm	subject to pre-service review. Check EIU policy, which is 9/1/2023
Q420J	Suigrait At per 34 cm	one of our Clinical Payment and Coding Policy (CPCP).
04129	Eloyhd/allonatchhd/ca.com	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.
0.4070		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).
		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.

		FILL Descending / somice and reinshaused by the Disc. Not			
		EIU: Procedure/service not reimbursed by the Plan. Not	- 4: 4		
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.			
05000	Harrisa area NOC	Unlisted: Procedure/service not specifically defined or			
Q5009	Hospice care NOS	classified, maybe subject to contract/clinical review.	-	_	_
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
Q5103	Injection inflectra	avoid post-service review. Prior Authorization may be-	_	_	_
		required per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical			
Q5104	Injection renflexis	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			
Q5106	Inj retacrit non-esrd use	Policy Criteria. Submit for Recommended Clinical Review to			
Q3100	ing retacht non-esia 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	7 minosana gaaratan 1 sq cm	avoid post-service review by BCBS.	_	_	_
		MP Criteria: Procedures/services reviewed against Medical			
04154	Diayanaa 1 sayara am				
Q4154	Biovance 1 square cm	Policy Criteria. Submit for Recommended Clinical Review to	_	-	_
		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.			
30112	constitute iiii soi iii <sub>b</sub>	Not subject to pre-service review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical			
S0157	Becaplermin gel 1% 0.5 gm	Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review. Prior Authorization may be	-	_	-
		required per contract agreement.			
		Non Covered: Procedure/service not covered by the Plan.			
S0197	Prenatal vitamins 30 day	Not subject to pre-service review.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
S0310	Hospitalist Visit	Not subject to pre-service review.	-	_	_
		Non Covered: Procedure/service not covered by the Plan.			
S0320	RN telephone calls to DMP		_	_	_
		Not subject to pre-service review.			
S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or			
		classified, maybe subject to contract/clinical review.	_	=	

	- "	Non Covered: Procedure/service not covered by the Plan.		
S0622	Phys exam for college	Not subject to pre-service review.	-	_
		MP Criteria: Procedures/services reviewed against Medical		
Q4159	Affinity1 square cm	Policy Criteria. Submit for Recommended Clinical Review to		_
	/ Willing I square on	avoid post-service review by BCBS.	_	_
50040	Photo-of-out's located as	Non Covered: Procedure/service not covered by the Plan.		
S0810	Photorefractive keratectomy	Not subject to pre-service review.	-	-
C1001	Dalium itara	Unlisted: Procedure/service not specifically defined or		
S1001	Deluxe item	classified, maybe subject to contract/clinical review.	-	-
C1002	Custom item	Unlisted: Procedure/service not specifically defined or		
S1002	Custom item	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedures/services reviewed against Medical		
Q4168	Amnioband 1 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
Q4186	Epifix 1 sq cm	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review by BCBS.		
		MP Criteria: Procedures/services reviewed against Medical		
Q4187	Epicord 1 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		
S2117	Arthroereisis subtalar	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		
S2120	Low Density Lipoprotein(Ldl)	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023		
32120	Low Density Elpoprotein(Lai)	avoid post-service review. Prior Authorization may be	-	-
		required per contract agreement.		
		EIU: Procedure/service not reimbursed by the Plan. Not		
S2300	Arthroscopy shoulder surgi	subject to pre-service review. Check EIU policy, which is	_	_
		one of our Clinical Payment and Coding Policy (CPCP).		
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or		
32 103	Tetal saig floo	classified, maybe subject to contract/clinical review.	-	-
		MP Criteria: Procedure/service reviewed against Medical		
Q5124	Inj. byooviz 0.1 mg	Policy Criteria. Submit for Recommended Clinical Review to _	_	_
		avoid post-service review.		
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		-
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.	_	
53550		EIU: Procedure/service not reimbursed by the Plan. Not		
S3650	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	
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	
S3900	Surface EMG	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	
S4015	Complete IVF nos case rate	classified, maybe subject to contract/clinical review.	_
		MP Criteria: Procedure/service reviewed against Medical	
50040			
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	
32083	Aujustinent gastric banu	avoid post-service review.	-
		avoid post-service review.	16 20
		AND Citation Provides a form to an advantage And the l	Moved from PA to
S2112	Knee arthroscp harv	MP Criteria: Procedure/service reviewed against Medical	Recommended Clinical Review
		Policy Criteria. Submit for Recommended Clinical Review to – –	01/01/2024
		avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
S2118	Total hip resurfacing	Policy Criteria. Submit for Recommended Clinical Review to	_
		avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
		Deligy Critaria Submit for Decommended Clinical Review to	
S2140	Cord blood harvesting	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.	_
		Not subject to pre-service review.	_
S4991	Nicotine patch nonlegend	Non Covered: Procedure/service not covered by the Plan.	
0.551		Not subject to pre-service review.	-
S4995	Smoking cessation gum	Non Covered: Procedure/service not covered by the Plan.	
34995	Silloking cessation guin	Not subject to pre-service review.	-
55005	1177 2 17 2 1 14 1 1	Non Covered: Procedure/service not covered by the Plan.	
S5035	Hit Routine Device Maint	Not subject to pre-service review.	-
		Non Covered: Procedure/service not covered by the Plan.	
S5036	Hit Device Repair	Not subject to pre-service review.	_
		Non Covered: Procedure/service not covered by the Plan.	
S5100	Adult daycare services 15min		_
		Not subject to pre-service review.	
S5101	Adult day care per half day	Non Covered: Procedure/service not covered by the Plan.	
	, , ,	Not subject to pre-service review.	<u>-</u>
S5102	Adult day care per diem	Non Covered: Procedure/service not covered by the Plan.	
33102	. wait day care per diem	Not subject to pre-service review.	-

S5105	Centerbased day care perdiem	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.			
S5108	Homecare train pt 15 min	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
S5109	Homecare train pt session	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
S5110	Family homecare training 15m	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
S5111	Family homecare train/sessio	Not subject to pre-service review.	_	_	-
		Non Covered: Procedure/service not covered by the Plan.			
S5115	Nonfamily homecare train/15m	Not subject to pre-service review.	_	-	-
		Non Covered: Procedure/service not covered by the Plan.			
S5116	Nonfamily HC train/session	Not subject to pre-service review.	_	-	-
05400	0	Non Covered: Procedure/service not covered by the Plan.			
S5120	Chore services per 15 min	Not subject to pre-service review.	_	-	-
CE424	Character discount	Non Covered: Procedure/service not covered by the Plan.			
S5121	Chore services per diem	Not subject to pre-service review.	_	-	-
CE42E	Attendant and antico /15 a	Non Covered: Procedure/service not covered by the Plan.			
S5125	Attendant care service /15m	Not subject to pre-service review.	_	-	-
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the Plan.			
33120	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 foster care per diem	Non Covered: Procedure/service not covered by the Plan.			
	<u> </u>	Not subject to pre-service review.	_		_
S5141	Adult foster care per month	Non Covered: Procedure/service not covered by the Plan.			
	<u> </u>	Not subject to pre-service review.			_
S5145	Child fostercare th per diem	Non Covered: Procedure/service not covered by the Plan.	_		
		Not subject to pre-service review.			
S5146	Ther fostercare child /month	Non Covered: Procedure/service not covered by the Plan.	_	_	_
		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.			

Section   Unskilled respitecare / dicim   Not subject to pre-service review.			Non Covered: Procedure/service not covered by the Plan.				
S5160 Emer response sys installatst Not Subject to pre-service review	S5151	Unskilled respitecare /diem	•	_	_	_	
Solid Emer response sys instalects							
SS161 Emer rspns sys serv permonth  Non Covered: Procedure/service not covered by the Plan.  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.  Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review not covered by the Plan. Not subject to pre-service review not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. SS181 HH respiratory thrpy nos/day Unlisted: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. Non subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Non 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 specifically defined or classified, maybe subject to contract/clinical review.  SS199 Personal care item nos each Unlisted or Undefined: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  SS497 HIT cath care noc  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  SS130 INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL SS130 INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL SS130 Unitered Procedure/service not reimbursed by the Plan.	S5160	Emer response sys instal&tst		_	_	_	
Sala   Emer raphs system purchase   Not subject to pre-service review.   -   -							
Solid   Emer rspns system purchase   Non Covered: Procedure/service not covered by the Plan.	S5161	Emer rspns sys serv permonth		_	_	_	
Solid   Emer spins system purchase   Not subject to pre-service review.     -			·				
Non Covered: Procedure/service not covered by the Plan.	S5162	Emer rspns system purchase	•	_	_	_	
Not subject to pre-service review.							
Not subject to pre-service review.    S5175	S5165	Home modifications per serv	•				
Not subject to pre-service review.   -   -   -		<u> </u>					
Not subject to pre-service review.    S5175   Laundry serv ext prof /order   Non Covered: Procedure/service not covered by the Plan.	S5170	Homedelivered prepared meal	•				
S5181 HH respiratory thrpy nos/day Unlisted: Procedure/service not specifically defined or classifiled, maybe subject to contract/clinical review.		<u> </u>					
S5181 HH respiratory thrpy nos/day Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review	S5175	Laundry sery ext prof /order	·				
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.  Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan.  Not subject to pre-service review.  S5199 Personal care item nos each  Unlisted or Undefined: Procedures/services not 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.  S5497 Cord blood-derived stem-cell  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.  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  S8189 Trach supply noc.  Cassified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —							
Classified, maybe subject to contract/clinical review.  S5185  Med reminder serv per month  Nor 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.  S5199  Personal care item nos each  Unlisted or Undefined: Procedure/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.  S5497  Cord blood-derived stem-cell  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may berequired per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not  S8130  INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL  S8131  INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL  S8132  Unlisted: Procedure/service not reimbursed by the Plan. Not  S81489  Trach supply noc.  Classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —	\$5181	HH respiratory throy pos/day	Unlisted: Procedure/service not specifically defined or				
Not subject to pre-service review.   -   -	33101	Thirtesphatory thipy hosy day	. , ,	_	_		
Not subject to pre-service review.  Non Covered: Procedure/service not covered by the Plan. Not Subject to pre-service review.  S5199  Personal care item nos each Unlisted or Undefined: Procedures/services not specifically	S5185	Med reminder serv per month	Non Covered: Procedure/service not covered by the Plan.				
Not subject to pre-service review.  Unlisted or Undefined: Procedures/services not specifically	33103	Wied reminder serv per month	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.  S2142 Cord blood-derived stem-cell Policy 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.  EIU: Procedure/service not 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  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).  Trach supply noc Unlisted: Procedure/service not specifically defined or			Non Covered: Procedure/service not covered by the Plan.				
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 Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service 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).  Trach supply noc.  Unlisted: Procedure/service not specifically defined or			Not subject to pre-service review.				
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review.  S5497 HIT cath care noc Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.			defined or classified, maybe subject to contract/clinical				
SS497 HIT cath care noc  classified, maybe subject to contract/clinical review.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. Prior Authorization may berequired 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							
S2142 Cord blood-derived stem-cell  S2142 Cord blood-derived stem-cell  S2142 Cord blood-derived stem-cell  S2143 Cord blood-derived stem-cell  S2144 Cord blood-derived stem-cell  S2145 Cord blood-derived stem-cell  S2145 Cord blood-derived stem-cell  S2146 Cord blood-derived stem-cell  S2146 Cord blood-derived stem-cell  S2147 Cord blood-derived stem-cell  S2148 Cord blood-derived stem-cell  S2148 Cord blood-derived stem-cell  S2149 Cord blood-derived stem-cell  S2149 Cord blood-derived stem-cell  S2149 Cord blood-derived stem-cell  S2140 Cord blood-derived stem-cell  S2140 Policy Criteria: Procedure/service not reimbursed by the Plan. Not  S2140 Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not  S2140 Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  S2140 Cord blood-derived stem-cell  S2140 Subject to pre-service review of the Plan. Not  S2141 Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  S2140 Subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  S2140 Subject to pre-service not specifically defined or			Unlisted: Procedure/service not specifically defined or				
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.  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 (With 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	\$5497	HIT cath care noc	classified, maybe subject to contract/clinical review.	_	_	-	
S2142 Cord blood-derived stem-cell avoid post-service review. Prior Authorization may be required per contract agreement.  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).  S8189 Trach supply noc							
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S8130 INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL subject to pre-service review. Check EIU policy, which is	S2142	Cord blood-derived stem-cell		9/18/2023	_	_	
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			. ,				
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).  Trach supply noc Unlisted: Procedure/service not specifically defined or	\$8130	INTEREFRENTIAL CURRENT STIMULATOR 2 CHANNEL	•				
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	30130	THE ENERGY CONTENT STIMOLATOR 2 CITATIVE	• • •	_	_	-	
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).  S8189 Trach supply noc Unlisted: Procedure/service not specifically defined or			, , , , ,				
one of our Clinical Payment and Coding Policy (CPCP).  Unlisted: Procedure/service not specifically defined or	SQ121	INTERFERENTIAL CURRENT STIMULATOR A CHANNEL	•				
Unlisted: Procedure/service not specifically defined or	30131	INTERCENTIAL CORRENT STIMOLATOR 4 CHANNEL		-	-	-	
ISX189 Trach supply noc			, , , ,				
classified, friaghe subject to contract/cliffical review.	S8189	Trach supply noc		_	_	_	
Non Covered: Procedure/service not covered by the Plan.							
IS82/O Enuresis alarm	S8270	Enuresis alarm	•	_	_	_	
Not subject to pre-service review.							
S8301 Infect control supplies NOS Unlisted: Procedure/service not specifically defined or	S8301	Infect control supplies NOS	• • •	_	_	_	
classified, maybe subject to contract/clinical review.							
S8460 Camisole post-mast Non Covered: Procedure/service not covered by the Plan.	S8460	Camisole post-mast	·	_	_	_	
Not subject to pre-service review.			•				
MP Criteria: Procedure/service reviewed against Medical			MP Criteria: Procedure/service reviewed against Medical				
S2150 BMT harv/transpl 28d pkg Policy Criteria. Submit for Recommended Clinical Review to	S2150	BMT harv/transpl 28d pkg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
avoid post-service review. Prior Authorization may be-			avoid post-service review. Prior Authorization may be		_	_	
required per contract agreement.			required per contract agreement.				

		FILL December 1 and the first state of the file of the Disc. No.			
		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 E	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.			
38330	Ft of manipion manit	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.			
50405	0 11 1	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	IUT	Unlisted: Procedure/service not specifically defined or			
S9379	HIT noc per diem	classified, maybe subject to contract/clinical review.	_	-	-
C0204	HIT bisb vist./secont	Non Covered: Procedure/service not covered by the Plan.			
S9381	HIT high risk/escort	Not subject to pre-service review.	-	-	-
50425	Lauren den	Non Covered: Procedure/service not covered by the Plan.			
S9436	Lamaze class	Not subject to pre-service review.	-	-	-
50427	Childhiah as for also a day.	Non Covered: Procedure/service not covered by the Plan.			
S9437	Childbirth refresher class	Not subject to pre-service review.	-	-	-
50420	Community that show	Non Covered: Procedure/service not covered by the Plan.			
S9438	Cesarean birth class	Not subject to pre-service review.	-	-	-
50420	VDA Colore	Non Covered: Procedure/service not covered by the Plan.			
S9439	VBAC class	Not subject to pre-service review.	_	-	-
50440	Di di c	Non Covered: Procedure/service not covered by the Plan.			
S9442	Birthing class	Not subject to pre-service review.	_	-	-
	5	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, Dragodure/consist not covered by the Dlan			
		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.			
S9447	Infant safety class	Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan.			
55 1 15		Not subject to pre-service review.			<del>-</del>
S9451	Exercise class	Non Covered: Procedure/service not covered by the Plan.			
55 151	Excluse class	Not subject to pre-service review.	_	_	
S9454	Stress mgmt class	Non Covered: Procedure/service not covered by the Plan.			
33434	Stress Highit 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.			
S9482	Family stabilization 15 min	Non Covered: Procedure/service not covered by the Plan.			
33402	Turning Stabilization 15 min	Not subject to pre-service review.	_	<del>-</del>	_
S9542	HT inj noc per diem	Unlisted: Procedure/service not specifically defined or			
33342	TH IIIJ NOC PET GIETH	classified, maybe subject to contract/clinical review.	_	-	_
	Surgical Techniques Requiring Use Of Robotic Surgical	MP Criteria: Procedures/services reviewed against Medical			
S2900	System (List Separately In Addition To Code For Primary	Policy Criteria. Submit for Recommended Clinical Review to	_	_	_
	Procedure)	avoid post-service review by BCBS.			
		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			
39010	HT phanni per noui	classified, maybe subject to contract/clinical review.	_	_	_
S9900	Christian Sci Pract visit	Non Covered: Procedure/service not covered by the Plan.			
39900	CHRISTIAN SCI PRACT VISIT	Not subject to pre-service review.	_	_	-
C0070	Health alub mambarahin ur	Non Covered: Procedure/service not covered by the Plan.			
S9970	Health club membership yr	Not subject to pre-service review.	-	-	-
C007F	Transplant Deleted Day Diego	Non Covered: Procedure/service not covered by the Plan.			
S9975	Transplant Related Per Diem	Not subject to pre-service review.	_	-	-
		Non Covered: Procedure/service not covered by the Plan.			
S9976	Lodging per diem	Not subject to pre-service review.			
		Unlisted or Undefined: Procedures/services not specifically	_	_	<u>_</u>
		defined or classified, maybe subject to contract/clinical		<del>-</del>	_
		review.			
		Non Covered: Procedure/service not covered by the Plan.			
		Not subject to pre-service review.			
S9977	Meals per diem	Unlisted or Undefined: Procedures/services not specifically			
	Meals per diem	defined or classified, maybe subject to contract/clinical	_	_	<del>-</del>
		review.			
		Non Covered: Procedure/service not covered by the Plan.			
S9981	Med record copy admin	Not subject to pre-service review.	_	-	_
		jour to pro our rice reviews			

S9982	Med record copy per page	Non Covered: Procedure/service not covered by the Plan.			
	.,,, , ,	Not subject to pre-service review.			_
S9986	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.			
33300	Serv part or priase ration	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.	-	_	_
S9991	Services provided as part of	Non Covered: Procedure/service not covered by the Plan.			
39991	Services provided as part or	Not subject to pre-service review.	-	-	_
S9992	Transportation costs to and	Non Covered: Procedure/service not covered by the Plan.			
59992	Transportation costs to and	Not subject to pre-service review.	-	-	_
50004		Non Covered: Procedure/service not covered by the Plan.			
S9994	Lodging costs (e.g. hotel ch	Not subject to pre-service review.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
S9996	Meals for clinical trial par	Not subject to pre-service review.	-	-	_
		Non Covered: Procedure/service not covered by the Plan.			
S9999	Sales tax	Not subject to pre-service review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan.			
T1014	Telehealth transmit per min	Not subject to pre-service review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
T1505	Elec med comp dev noc	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
T1999	NOC retail items and supplies	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
T2012	Habil ed waiver per diem	classified, maybe subject to contract/clinical review.	_	_	_
		Unlisted: Procedure/service not specifically defined or			
T2013	Habil ed waiver per hour		_	_	_
		classified, maybe subject to contract/clinical review.			
T2014	Habil prevoc waiver per d	Unlisted: Procedure/service not specifically defined or	_	_	_
		classified, maybe subject to contract/clinical review.			
T2015	Habil prevoc waiver per hr	Unlisted: Procedure/service not specifically defined or			_
		classified, maybe subject to contract/clinical review.			_
T2016	Habil res waiver per diem	Unlisted: Procedure/service not specifically defined or			
	<u> </u>	classified, maybe subject to contract/clinical review.	<u> </u>	<del>-</del>	_
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			
12020		classified, maybe subject to contract/clinical review.	_	_	_
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or			
.2010		classified, maybe subject to contract/clinical review.	-	_	_
T2020	Day habil waiver per diem	Unlisted: Procedure/service not specifically defined or			
12020	Day hash waiver per dieni	classified, maybe subject to contract/clinical review.	-	-	-
T2021	Day hahil waiyor nor 15 min	Unlisted: Procedure/service not specifically defined or			
12021	Day habil waiver per 15 min	classified, maybe subject to contract/clinical review.	-	-	-
T2024	Convergent/core plan waiver	Unlisted: Procedure/service not specifically defined or			
T2024	Serv asmnt/care plan waiver	classified, maybe subject to contract/clinical review.	-	-	-

Waiver service nos   Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.   -   -   -   -   -   -   -   -   -
Special childcare waiver/d classified, maybe subject to contract/clinical review.
Special childcare waiver/16   Classified, maybe subject to contract/clinical review.
Spec childcare waiver 15 min
Special supply nos waiver   Smin   Classified, maybe subject to contract/clinical review.
Special supply nos waiver    Classified, maybe subject to contract/clinical review.
Special supply nos waiver  classified, maybe subject to contract/clinical review.  T2029  Special med equip noswaiver  Cassified, maybe subject to contract/clinical review.  T2030  Assist living waiver/month  Cassified, maybe subject to contract/clinical review.  T2031  Assist living waiver/diem  Cassified, maybe subject to contract/clinical review.  T2032  Res care nos waiver/month  Cassified, maybe subject to contract/clinical review.  T2033  Res nos waiver per diem  Cassified, maybe subject to contract/clinical review.  T2034  Crisis interven waiver/diem  Cassified, maybe subject to contract/clinical review.  Cassified, maybe subject to contract/clinical review.  Cassified, maybe subject to contract/clinical review.  Cassified or classified, maybe subject to contract/clinical review.  Cassified, maybe subject to contract/clinical review.  Cassified, maybe subject to contract/clinical review.  Cassified or classified, maybe subject to contract/clinical review.  Camp overnite waiver/session  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Camp overnite waiver/session  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Camp day waiver/session  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Camp day waiver/session  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Camp day waiver/session  Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.  Camp day waiver/session
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Crisis interven waiver/diem  Classified, maybe subject to contract/clinical review.  Classified, maybe subject to contract/clinical review.  Classified, maybe subject to contract/clinical review.  Camp overnite waiver/session  Camp day waiver/session  Camp day waiver/session  Camp day waiver/session  Classified, maybe subject to contract/clinical review.  Camp day waiver/session  Camp day waiver/session  Camp day waiver/session  Camp day waiver/session
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T2036 Camp overnite waiver/session classified, maybe subject to contract/clinical review. — — — — — — — — — — — — — — — — — — —
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1/03/ Camp day waiver/session
12037 Camp day waiver/session
classified, maybe subject to contract/clinical review.
Unlisted: Procedure/service not specifically defined or
T2038 Comm trans waiver/service classified, maybe subject to contract/clinical review.
Unlisted: Procedure/service not specifically defined or
T2039 Vehicle mod waiver/service classified, maybe subject to contract/clinical review.
Unlisted: Procedure/service not specifically defined or
17040 Financial met waiver/15min
classified, friaghe subject to contract/cliffical review.
T2041 Support broker waiver/15 min Unlisted: Procedure/service not specifically defined or
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.
T5999 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.
V2025 Eyeglasses delux frames Not subject to pre-service review.
Unlisted: Procedure/service not specifically defined or
V2199 Lens single vision not oth c classified, maybe subject to contract/clinical review.
Lens single vision not out c classified, maybe subject to contract/clinical review. – – – Linlisted: Procedure/service not specifically defined or
V2599 Lens single vision not out c classified, maybe subject to contract/clinical review. – – – – Unlisted: Procedure/service not specifically defined or
V2599 Contact lens/es other type
V2599 Lens single vision not out c classified, maybe subject to contract/clinical review. – – – – Unlisted: Procedure/service not specifically defined or

V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan.
V2702	Deluxe lens reature	Not subject to pre-service review.
V2744	Tint photochromatic long/or	Non Covered: Procedure/service not covered by the Plan.
V2/ <del>44</del>	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.
VE000	United the state of the state o	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	Haaring aid awa/aaaaa/daw	Unlisted: Procedure/service not specifically defined or
V5267	Hearing aid sup/access/dev	classified, maybe subject to contract/clinical review.
V5274	ALD unanacified	Unlisted: Procedure/service not specifically defined or
V32/4	ALD unspecified	classified, maybe subject to contract/clinical review.
V5287	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or
V3287	Ald Im/am receiver NOS	classified, maybe subject to contract/clinical review.
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or
V3290	Hearing aid noc	classified, maybe subject to contract/clinical review.
V5299	Hearing convice	Unlisted: Procedure/service not specifically defined or
V3299	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.
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		MP Criteria: Procedures/services reviewed against Medical
C0040	Lave lavel lavas treet 45 mile	
S8948	Low-level laser trmt 15 min	Policy Criteria. Submit for Recommended Clinical Review to
		avoid post-service review by BCBS.
CO117	Dools ask and stick	MP Criteria: Procedures/services reviewed against Medical
S9117	Back school visit	Policy Criteria. Submit for Recommended Clinical Review to
		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
		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
		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
		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
		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
1-1-1-1		avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
V2788	Presbyopia-correct function	Policy Criteria. Submit for Recommended Clinical Review to
12700	Tressyopia correct function	avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
V5095	Implant mid ear hearing pros	Policy Criteria. Submit for Recommended Clinical Review to
V 3033	implant find ear flearing pros	avoid post-service review by BCBS.
		MP Criteria: Procedures/services reviewed against Medical
V5362	Speech Screening	Policy Criteria. Submit for Recommended Clinical Review to
V3302	Speech Screening	
		avoid post-service review by BCBS.
VE262	La caración de Car	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 Ia 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.
		area post on the ferror of book.

		MP Criteria: Procedures/services reviewed against Medical	- 4 4		
0397U	Onc Nonsm Cll Lng Ca 109	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	9/30/2023	Retire effective 09/30/2023
		avoid post-service review by BCBS.			
0.40011	01.14 1.0 0 445.0	MP Criteria: Procedures/services reviewed against Medical	0/40/0000		
0400U	Ob Xpnd Car Scr 145 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
0.40411	0.1044.0.00404	MP Criteria: Procedures/services reviewed against Medical	0/40/0000		
0401U	Crd C Hrt Ds 9 Gen 12 Vrnts	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
27200	Address: It Organization	MP Criteria: Procedures/services reviewed against Medical	0/40/2022		
27280	Arthr Si Jt Opn B1Grf Instrm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by BCBS.			
		MP Criteria: Procedures/services reviewed against Medical			
70450	Ct Head/Brain W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
70150	cerready Brain Wy & Bye	avoid post-service review by BCBS.	3/ 10/ 2023	_	_
		avoid post service review by BeBs.			
		AND Collection Described and the second and the Andread			
		MP Criteria: Procedures/services reviewed against Medical			
70460	Ct Head/Brain 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			
70470	Ct Head/Brain 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			
70480	Ct Orbit/Ear/Fossa 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			
70481	Ct Orbit/Ear/Fossa 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			
70482	Ct Orbit/Ear/Fossa 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			
70486	Ct Maxillofacial 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			
70487	Ct Maxillofacial 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			
70488	Ct Maxillofacial 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			
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.	-
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.	<del>-</del>
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.	<del>-</del>
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.	_
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	
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avoid post-service review by BCBS.  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.	
MP Criteria: Procedures/services reviewed against Medical	
70548 Mr Angiography 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	
70549 Mr Angiograph Neck 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	
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	
70552 Mri Brain Stem 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	
70553 Mri Brain Stem 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				
70554	Fmri Brain By Tech	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70334	Tilli Brail by Tech	avoid post-service review by BCBS.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
70555	Fmri Brain By Phys/Psych	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70333	Tilli bialli by Filys/Fsych	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
71250	Ct Thorax Dx C-	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
/1230	Ct Hiorax Dx C-	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
71260	Ct Thoray Dy C		0/10/2022			
71260	Ct Thorax Dx C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
74270	Cl Theory De C /C	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
71270	Ct Thorax Dx C-/C+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
74074	0.71	MP Criteria: Procedures/services reviewed against Medical	0/40/0000			
71271	Ct Thorax Lung Cancer Scr 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	- 1:- 1			
71275	Ct Angiography 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				
71550	Mri Chest 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				
71551	Mri Chest 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				
71552	Mri Chest 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				
71555	Mri Angio Chest W Or 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				
72125	Ct 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				
72126	Ct 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				
72127	Ct 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				
72128	Ct Chest Spine W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	ļ
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
72129	Ct Chest Spine W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	·	avoid post-service review by BCBS.				
		·				

		140 C 11				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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.		_	_	
		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			
		avoid post-service review by BCBS.	-, -,	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
72149	Mri 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				
72156	Mri Neck Spine W/O & W/Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
72130	Will Neek Spille W/S & W/S/C	avoid post-service review by BCBS.	3/10/2023	_	_	
		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			
72137	Will Chest Spille W/O & W/Dyc	avoid post-service review by BCBS.	3/10/2023	-	_	
		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			
72136	Will Edition Spille W/O & W/Dye	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
72159	Mr Angio Spino W/OSW/Dyo	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
72133	Mr Angio Spine W/O&W/Dye	•	3/10/2023	_	_	
		avoid post-service review by BCBS.				
72101	Ct Angiagraph Daly W/OS W/Dyg	MP Criteria: Procedures/services reviewed against Medical	0/19/2022			
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.				
72402	CLD-L'S W/O D	MP Criteria: Procedures/services reviewed against Medical	0/48/2225			
72192	Ct Pelvis W/O Dye	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				

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.  MP 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	พิเค <sup>า</sup> ตการางการการการการการการการการการการการการการก	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. MP Criteria: Procedures/services reviewed against Medical	9/18/2023	-	-	
74177	Ct Abd & Pelv W/Contrast	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical	9/18/2023	-	-	
74178	Ct Abd & Pelv 1/> Regns	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	_	

		AAD Cale de Describerados de la contraction de la contraction Admittant				
		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	- 4 4			
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.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
74263	Ct Colonography Screening	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by BCBS.	-,,	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
74712	Mri Fetal Sngl/1St Gestation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
, ,, 12	Will Clai Sligh 15t Gestation	avoid post-service review by BCBS.	3/ 10/ 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
74713	Mri Fetal Ea Addl Gestation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
74713	Will Tetal Ed Addi destation	avoid post-service review by BCBS.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
75635	Ct Angio Abdominal Arteries	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
75035	Ct Aligio Abdollillai Al teries	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
76276	3D Danday W/Later Dantage		0/10/2022			
76376	3D Render W/Intrp Postproces	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-		
		avoid post-service review by BCBS.				
76077	200 1 11/4 1 2 1	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
76377	3D Render W/Intrp Postproces	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
76380	Cat Scan Follow-Up 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				
76390	Mr Spectroscopy	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	<b>-</b> ,	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
76391	Mr Elastography	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
77046	Mri Breast C- Unilateral	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
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		MP Criteria: Procedures/services reviewed against Medical				
77047	Mri Breast C- Bilateral	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			
	5 5	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			
7.0022	myroid optaile medaliement	avoid post-service review by BCBS.	3, 23, 2323	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
78013	Thyroid Imaging W/Blood Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
76013	Thyroid imaging W/ blood Flow	avoid post-service review by BCBS.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
78014	Thyroid Imaging W/Blood Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
78014	Thyroid imaging W/Blood Flow	,	9/18/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
70015	The maid Mat Incaring	·	0/10/2022			
78015	Thyroid Met Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	<del>-</del>	_	
		avoid post-service review by BCBS.				
70046	TI : 144	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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	_	_	
		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.	-, -,	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
78075	Adrenal Cortex & Medulla Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
. 30, 3	Adiction Contex & Micadilla IIIIg	avoid post-service review by BCBS.	3, 13, 2023	_	_	
		avoid post-service review by bobs.				

		MP Criteria: Procedures/services reviewed against Medical				
78102	Bone Marrow Imaging Ltd	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78103	Bone Marrow Imaging Mult	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78104	Bone Marrow 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				
78185	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				
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.	5, -5, -5-5	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
78202	Liver Imaging With Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70202	Liver imaging with riow	avoid post-service review by BCBS.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
78215	Liver And Spleen Imaging	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70213	Liver And Spiceri imaging	avoid post-service review by BCBS.	3/18/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
78216	Liver & Spleen Image/Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70210	Liver & Spieeri Illiage/ Flow	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
70226	Hanatabilian Coston Incosina		0/10/2022			
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.				

		MP Criteria: Procedures/services reviewed against Medical				
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			
, 5555	Done imaging zimited / wed	avoid post-service review by BCBS.	3, 10, 2020	_	<del>-</del> -	
		MP Criteria: Procedures/services reviewed against Medical				
78305	Bone Imaging Multiple Areas	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70303	bone imaging waitiple Areas	avoid post-service review by BCBS.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78306	Bone Imaging Whole Body	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
78300	Bolle illiaging whole body	,	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
70245	Dana Imagina 2 Phase	·	0/10/2022			
78315	Bone Imaging 3 Phase	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by BCBS.				
70445	Many law Flourity and an	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
78445	Vascular Flow 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 4			
78456	Acute Venous Thrombus Image	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical	- /			
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				
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	_	_	
		avoid post-service review by BCBS.				
		avoid post-service review by BCBS.				

		MP Criteria: Procedures/services reviewed against Medical				
78580	Lung Perfusion 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				
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			
	C	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			
7 0002	Sidminiage without the tiers	avoid post-service review by BCBS.	3, 23, 2023	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
78605	Brain Image 4+ Views	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
78003	brain image 41 views	avoid post-service review by BCBS.	3/10/2023	-	_	
		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			
78000	Braill illiage W/1 low 4 + views	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
70.000	Dunin Innanian (Dat)		0/10/2022			
78608	Brain Imaging (Pet)	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
70.00	0 (0 .)	MP Criteria: Procedures/services reviewed against Medical	0/40/0000			
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.	, ,	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
78660	Nuclear Exam Of Tear Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
. 3000	radical Exam of Teal Flow	avoid post-service review by BCBS.	3, 10, 2023	_	_	
		avoia post-service review by bobs.				

		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.	5, -5, -5-5	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
78730	Urinary Bladder Retention	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70730	officer Neterition	avoid post-service review by BCBS.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78740	Ureteral Reflux Study	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
70740	oreteral heriox study	avoid post-service review by BCBS.	3/18/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
78761	Testicular Imaging W/Flow	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
78701	resticular imaging w/Flow	•	9/18/2023	_	-	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
70000	De Looki Ture 1 Area 1 Direc	•	0/10/2022			
78800	Rp Loclzj Tum 1 Area 1 D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by BCBS.				
		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	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78802	Rp Loclzj Tum Whbdy 1 D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78803	Rp Loclzj Tum Spect 1 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				
78804	Rp Loclzj Tum Whbdy 2+D Img	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		MP Criteria: Procedures/services reviewed against Medical				
78811	Pet Image Ltd 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				
78812	Pet Image Skull-Thigh	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.	•	_	<del>-</del>	

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		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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			
7.0002	p 200.2j . a opeoc 2 / 11 cus	avoid post-service review by BCBS.	3, 23, 2023	_	<del>-</del>	
		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			
70032	NP Locizy rum spect w/ ct z	avoid post-service review by BCBS.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0042T	Ct Perfusion W/Contrast Cbf	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00421	Ct Ferrusion W/Contrast Cbi	,	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
осээт	Ct Breast W/3D Hair C	·	0/10/2022			
0633T	Ct Breast W/3D Uni C-	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
000.47	0.0	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
0634T	Ct Breast W/3D Uni 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				
0635T	Ct Breast W/3D Uni 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				
0636T	Ct Breast W/3D Bi 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				
0637T	Ct Breast W/3D Bi 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				
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			
33.31	Qualitin 133 11/1911 101811	avoid post-service review by BCBS.	3, 10, 2023	_	_	
		avoid post-service review by bobs.				

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		MP Criteria: Procedures/services reviewed against Medical				
C8900	Mra 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				
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.	-, -, -	_	<del>-</del>	
		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			
	11/0 . d. 11/ doine Breast	avoid post-service review by BCBS.	3, 13, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8909	Mra W/Cont Chest	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00303	wild wy controlled	avoid post-service review by BCBS.	3/ 10/ 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
C8910	Mra W/O Cont Chest	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
C0310	wha wyo cont chest	avoid post-service review by BCBS.	3/10/2023	-	_	
		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			
C6911	wira wyo i or wycont chest	•	3/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
C0013	Name VALICE and Large First	·	0/10/2022			
C8912	Mra W/Cont Lwr Ext	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
00040		MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
C8913	Mra W/O Cont Lwr Ext	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
	M 11/05 11/10 1 / 1 = 1	MP Criteria: Procedures/services reviewed against Medical	0/40/2222			
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						
C6320	Mra W/O Fol W/Cont Pelvis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	Wy o cont i civis	avoid post-service review by BCBS.	5, 10, 2023	_		

MP Criteria: Procedures/services reviewed against Medical	
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C8931 Mra W/Dye Spinal Canal Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	
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 9/18/202	023
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 9/18/202	023
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 9/18/202	023
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 9/18/202	023
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 9/18/202	023
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 9/18/202	123
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
G0252 Pet Imaging Initial Dx Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	123
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
S8037 Mrcp Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	173
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	
30120 Revision Of Nose Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	172
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avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical	
· · · · · · · · · · · · · · · · · · ·	222
30400 Reconstruction Of Nose Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	222
30410 Reconstruction Of Nose Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	J23
avoid post-service review by BCBS.	
MP Criteria: Procedures/services reviewed against Medical	222
30420 Reconstruction Of Nose Policy Criteria. Submit for Recommended Clinical Review to 9/18/202	J23
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 9/18/202	
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 9/18/202	023
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 9/18/202	023
avoid post-service review by BCBS.	
avoid post-service review by BCBS.	

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31296	NsI/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	NsI/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	ldh1 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	ldh2 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	-	-

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		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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			
01170	riskie delle raiget seq rilys	avoid post-service review by Carelon.	3, 10, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81177	Atn1 Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01177	Attil delle bett Abiloi Alleles	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81178	Atxn1 Gene Detc Abnor Allele		0/10/2022			
011/0	AIXIII Gene Dett Abnor Allele	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
04470	Al via Conn. Bala Alana Allala	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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.				
		avoid post-service review by Carelon.				

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		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			
02230		avoid post-service review by Carelon.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81191	Ntrk1 Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01131	Wilk Hallslocation Allarysis	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81192	Ntrk2 Translocation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
81192	NUKZ Halisiocation Alialysis	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
81193	Ntrk2 Translagation Analysis	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
91193	Ntrk3 Translocation Analysis	•	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.		_		
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		NAD Criteria: Draced was /ear issue as issued assist NAs disal				
04005	0.1.11.0	MP Criteria: Procedures/services reviewed against Medical	0/40/0000			
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 Seg Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01210	breaz dene ran seq rays	avoid post-service review by Carelon.	3, 10, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81217	Brca2 Gene Known Famil Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01217	bicaz dene kilowii railiii viiit	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81218	Cohna Cona Full Coguenca		0/10/2022			
01210	Cebpa Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
04040		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
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.				
		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.				
		MP Criteria: Procedures/services reviewed against Medical				
81223	Cftr 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				
81224	Cftr Gene Intron Poly T	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	·	avoid post-service review by Carelon.	•	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81225	Cyp2C19 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	- 77	avoid post-service review by Carelon.	-,,	_	=	
		MP Criteria: Procedures/services reviewed against Medical				
81226	Cyp2D6 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01220	Cyp2DO Oche Com Variants	,	3/ 10/ 2023	_	_	
		avoid post-service review by Carelon.				

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		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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	- 4 4			
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			
	·	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81235	Egfr Gene Com Variants	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				
81236	Ezh2 Gene Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01200	22.12 00.10 1 01.10 004 00.100	avoid post-service review by Carelon.	5, 25, 2525	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
81237	Ezh2 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01237	EZHZ Gene common variants	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81238	F9 Full Gene Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
81238	131 dil Gene Sequence	avoid post-service review by Carelon.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81239	Dmpk Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01239	Dilipk Gelle Charac Alleles	•	9/10/2023	_	_	
		avoid post-service review by Carelon.				
81240	F2 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
01240	rz delle	•	9/18/2023	-	-	
		avoid post-service review by Carelon.				
01242	Farras Carra	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81242	Fancc Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
	5 40 0 0 0	MP Criteria: Procedures/services reviewed against Medical	0/10/2225			
81244	Fmr1 Gene Charac Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

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		MP Criteria: Procedures/services reviewed against Medical	- 1:- 1			
81245	Flt3 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				
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	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81248	G6Pd Known Familial 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				
81249	G6Pd 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				
81250	G6Pc 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				
81251	Gba Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01101		avoid post-service review by Carelon.	3, 10, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81252	Gjb2 Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01232	SJSZ Serie i dii Sequence	avoid post-service review by Carelon.	3/ 10/ 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81253	Gjb2 Gene Known Fam Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01233	GJOZ Gene known rum vunums	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81254	Gjb6 Gene Com Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01234	GJDO GENE COM VARIANTS	·	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
04355	Have Cons		0/10/2022			
81255	Hexa Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
04056		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
81256	Hfe Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
	and the second	MP Criteria: Procedures/services reviewed against Medical	- 1:- 1			
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.				
		MP Criteria: Procedures/services reviewed against Medical				
81260	Ikbkap Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to		_		

		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.	-, -,	_	<del>-</del>	
		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			
02203	11302/11302 Gene Bup, Ser 11116	avoid post-service review by Carelon.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81270	Jak2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01270	Juke Gene	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81271	Htt Gene Detc Abnor Alleles	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
81271	Titt delle Dett Abiloi Alleles	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
81272	Kit Cong Targeted Cog Analys	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
81272	Kit Gene Targeted Seq Analys	•	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.				
		MP Criteria: Procedures/services reviewed against Medical				
81278	Igh@/Bcl2 Translocation Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	-	avoid post-service review by Carelon.		_	_	
		200 01 000000				

		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
81279	Jak2 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				
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			
01207		avoid post-service review by Carelon.	3, 13, 1313	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81288	Mlh1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01200	Will Gene	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81289	Fxn Gene Known Famil Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01209	TXII Gelle Kilowitt allili varialit	•	9/18/2023	_	-	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
01200	Maria1 Cana		0/10/2022			
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	0/40/0000			
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.	•	_	<del>-</del>	
		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.	-, -,	_	_	
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		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 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				
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			
	moop2 dene pap, belet vanding	avoid post-service review by Carelon.	3, 20, 2020	_	<del>-</del> -	
		MP Criteria: Procedures/services reviewed against Medical				
81305	Myd88 Gene P.Leu265Pro Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01303	Myddd delle i Ledzosi io viile	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81306	Nudt15 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
81300	Nuutio Gene Common Variants	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
81307	Dalha Cana Full Cana San	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
81307	Palb2 Gene Full Gene Seq	•	9/18/2023	-	-	
		avoid post-service review by Carelon.				
24222	D. II 2 2 2 4 5 11 4 1	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /2 02 0			
81308	Palb2 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	- 4 4			
81309	Pik3Ca Gene Trgt 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				
81310	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 Gene Variants Exon 2&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				
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.				
		-/				

		MD Criteria: Presedures/services reviewed against Medical				
04344	Dilafa Cara	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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	Pml/Raralpha Com Breakpoints	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81316	Pml/Raralpha 1 Breakpoint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81317	Pms2 Gene Full Seq 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				
81318	Pms2 Known Familial 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				
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			
02020	11062 00110 0011111011 Variatio	avoid post-service review by Carelon.	3, 10, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81321	Pten Gene Full Sequence	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01321	r ten dene ran sequence	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81322	Pten Gene Known Fam Variant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01322	Field Gene Known Fam Variant	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
04222	Phone Comp Dum/Dolot Versions	·	0/10/2022			
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.		_	_	
		protection at a constant				

		NAD Cuitaria. Durandoura /comisso un income ancient Nacional				
04004	0 (11) 00 0	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
81331	Snrpn/Ube3A 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	- 4 4			
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 Seg Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02007	52 GG. 1.60 G GG. 7	avoid post-service review by Carelon.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81338	Mpl Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01330	Wipi Gene common variants	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
61339	Mpi delle sed Alys Exoll 11	•	9/18/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
81340	Trh @ Cong Boorronge Amplify	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
81340	Trb@ Gene Rearrange Amplify	•	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.		_	_	
		2.2.2 p. 2.2				

		MAD Called to December of the Committee				
04047	66934.0	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
81347	Sf3B1 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	- 4 4			
81348	Srsf2 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				
81349	Cytog Alys Chrml Abnr Lw-Ps	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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.				
		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			
02000	The serie will will the	avoid post-service review by Carelon.	3, 20, 2020	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
81355	Vkorc1 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01333	VROTEL GETTE	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81357	U2Af1 Gene Common Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
81337	OZATI Gene Common Variants	•	9/18/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
01260	Zanz Conn Common Variante		0/10/2022			
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			<u> </u>	
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			
	h	avoid post-service review by Carelon.	-, -,	_	_	
		area post of the form by earthorn				

		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.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81407	Mopath Procedure Level 8	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -, -	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
81408	Mopath Procedure Level 9	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02.00	opatii i roocaare zevers	avoid post-service review by Carelon.	3, 13, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81410	Aortic Dysfunction/Dilation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01110	Notice Bystanction, Blacton	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81411	Aortic Dysfunction/Dilation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01411	Aditic bystatiction, bilation	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81412	Ashkenazi Jewish Assoc Dis	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01412	ASTINETIAZI JEWISTI ASSOC DIS	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
01.412	Can lan Charlesth Inc 10 Can		0/10/2022			
81413	Car Ion Chnnlpath Inc 10 Gns	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
24.44		MP Criteria: Procedures/services reviewed against Medical	0 /40 /0000			
81414	Car Ion Chnnlpath Inc 2 Gns	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
81415	Exome Sequence 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				
81416	Exome Sequence 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				
81417	Exome Re-Evaluation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81419	Epilepsy Gen Seq Alys 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				
81422	Fetal Chrmoml Microdeltj	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81425	Genome Sequence 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				
81426	Genome Sequence 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				
81427	Genome Re-Evaluation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		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	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81431	Hearing Loss Dup/Del 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				
81432	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				
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				
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			
02.00		avoid post-service review by Carelon.	0, -0, -0-0	_	_	
		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.	-,, 2020	-	_	
		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.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81442	Noonan Spectrum Disorders	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	Hoonan opeca an bisorders	avoid post-service review by Carelon.	5, 10, 2025	-	_	
		avoid post-service review by Careion.				

		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			
	, ,	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.	5, -5, -5-5	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81465	Whole Mitochondrial Genome	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01403	Whole Wittochonarial Genome	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
81470	X-Linked Intellectual Dblt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01470	X-Elliked Intellectual Doit	avoid post-service review by Carelon.	3/18/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
81471	X-Linked Intellectual Dblt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01471	A-Linked intellectual Dbit	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
01.403	Can Artani Biasasa Mara	·	0/10/2022			
81493	Cor Artery Disease 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				
81504	Oncology Tissue Of 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				
81518	Onc Brst Mrna 11 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				
81519	Oncology Breast Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	<b>-</b>	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
81520	Onc Breast Mrna 58 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				
81521	Onc Breast Mrna 70 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				
81522	Onc Breast Mrna 12 Genes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.			_	
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		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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.		_	<del>_</del>	
		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.	-, -, -	_	<del>-</del>	
		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			
0233	23 .p 250 .c	avoid post-service review by Carelon.	3, 23, 2023	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
81595	Cardiology Hrt Trnspl Mrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01333	Caralology The Thispi Willia	avoid post-service review by Carelon.	3/10/2023	_	_	
		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	NDC Dila fiea 33 Ag 11 Bid dip	avoid post-service review by Carelon.	9/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0004M	Scoliosis Dna Alys	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
0004101	Scollosis Dila Alys	•	9/18/2023	_	_	
		avoid post-service review by Carelon.				
000511	Once Dretto 2 Gang Ur Ale	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0005U	Onco Prst8 3 Gene Ur Alg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
000614	One Hen Come Biole Classifier	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0006M	Onc Hep Gene Risk Classifier	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
	0 0 1 510	MP Criteria: Procedures/services reviewed against Medical	0/10/2222			
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.	0, 00, 000	_	_	
		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			
00170	One finitim Neo Jakz Mat Bila	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
00100	One my 10 Microma seq Aig	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0019U	One Pna Tice Prodict Ala	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
00190	Onc Rna Tiss Predict Alg	•	9/18/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
002211	Turk Can Can Dua 9 Dua 22 Cana		0/10/2022			
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	- 4 4			
0023U	Onc Aml Dna Detcj/Nondetcj	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0027U	Jak2 Gene Trgt 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				
0029U	Rx Metab Advrs Trgt 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				
0030U	Rx Metab Warf Trgt 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				
0031U	Cyp1A2 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	•	avoid post-service review by Carelon.	•	_	_	

		NAD Criteries Descendence / complete un descendence NA edical				
000011		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
0032U	Comt 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				
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			
	- 5,7, ш. 2 - 5 - 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	avoid post-service review by Carelon.	0, =0, ====	_	_	
		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			
00430	One bist bux cure is 12 defic	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0046U	Flt3 Gene Itd Variants Quan	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00400	Tits delie itu variants Quan	,	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
00.4711	O P 10 M 47 C A	·	0/40/2022			
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			
	2 2 2000 0000 0000 000 000	avoid post-service review by Carelon.	-,,20	_	=	
		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			
33700	Cyp2Do Gen comadict har vint	,	3, 10, 2023	_	_	
		avoid post-service review by Carelon.				

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007411	0. 2005 11.0	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
0071U	Cyp2D6 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	- 4 4			
0072U	Cyp2D6 Gen Cyp2D6-2D7 Hybrid	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0073U	Cyp2D6 Gen Cyp2D7-2D6 Hybrid	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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.				
		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.				
		MP Criteria: Procedures/services reviewed against Medical				
0076U	Cyp2D6 3' Gene Dup/Mlt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	avoid post-service review by Carelon.		_	_	
		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	. uBe op. ose onot/p	avoid post-service review by Carelon.	3, 20, 2020	_	<del>-</del>	
		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	emprev Bha Aiya Wile ampa	avoid post-service review by Carelon.	3/10/2023	-	_	
		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			
00870	Ciu ilit illispi willia 1203 dell	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
000011	Turanii Kala Alauft Dai 1405	·	0/10/2022			
0088U	Trnsplj Kdn Algrft Rej 1495	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- / /			
0089U	Onc Mlnma Prame & Linc00519	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0090U	Onc Cutan Mlnma 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.				
		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.				
		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.		_	_	
		21112 F2112 12112				

		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 Rltd Do Panel	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		_	
		avoid post-service review by Carelon.		_	<del>-</del>	
		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.	-, -, -	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
0132U	Hered Ova Ca Ritd Do Pnl 18	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01010		avoid post-service review by Carelon.	3, 10, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0133U	Hered Prst8 Ca Rltd Do 12	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01330	Tierea Fisto da Mita Do 12	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
01340	Hered Fair Ca Willia Fili 10 Gen	avoid post-service review by Carelon.	3/10/2023	-	_	
		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			
01330	Hered Gyri Ca Willia Pili 12 Geri	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
012611	Atra Mara Can Alva	_	0/10/2022			
0136U	Atm Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
012711	Dalla 2 Marca Carr Alva	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
0137U	Palb2 Mrna Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
042011	David David Maria Co., All	MP Criteria: Procedures/services reviewed against Medical	0/40/2025			
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	-	_	
		avoid post-service review by Carelon.				

		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 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				
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 Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 55, 555	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
0161U	Pms2 Mrna Seg Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01010		avoid post-service review by Carelon.	3, 13, 2323	_	_	
		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			
01020	Tiered colon ed Tige Willia i III	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0169U	Nudt15&Tpmt Gene Com Vrnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01090	Nuutisa ipint Gene Com vint	avoid post-service review by Carelon.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
017011	Noura And Dan Novt Con Con	•	0/10/2022			
0170U	Neuro Asd Rna Next Gen Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
047411	Total Constant a Bull Box 22	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0171U	Trgt Gen Seq Alys Pnl Dna 23	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
	A: II   1.4   V   D   G   47	MP Criteria: Procedures/services reviewed against Medical	0 /40 /0000			
0203U	Ai Ibd Mrna Xprsn Prfl 17	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
	0 7 1 1 1 7 1 500	MP Criteria: Procedures/services reviewed against Medical	0/10/0055			
0204U	Onc Thyr Mrna Xprsn Alys 593	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
0205U	Oph Amd Alys 3 Gene Variants	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
0209U		Daliay Critaria Cubmit for Dagammandad Clinical Dayiayy to	0/10/2022			
	Cytog Const Alys Interrog	avoid post-service review by Carelon.	3/10/2023	-	_	
0209U		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			

		MP Criteria: Procedures/services reviewed against Medical				
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.				
		MP Criteria: Procedures/services reviewed against Medical				
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			
0227.0	THE STATE OF THE S	avoid post-service review by Carelon.	3, 13, 2020	_	<del>-</del> -	
		MP Criteria: Procedures/services reviewed against Medical				
0218U	Neuro Musc Dys Dmd Seg Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02100	Neuro Muse bys bind seq Aiys	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
02280	One Fisto ivia iviolee Fill Alg	avoid post-service review by Carelon.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0229U	Doot 1 Dramatar Mthulta Aluc	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
02290	Bcat1 Promoter Mthyltn Alys	•	9/18/2023	_	-	
		avoid post-service review by Carelon.				
022011	A.F. II Common And Info	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
0230U	Ar Full Sequence 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	- 4 4			
0231U	Cacna1A 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				
0232U	Cstb 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				
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.				
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		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
0236U	Smn1&Smn2 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				
0237U	Car Ion Chnlpthy Gen Seq 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				
0238U	Onc Lnch Syn Gen Dna Seq Aly	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0239U	Trgt Gen Seq Alys Pnl 311+	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0242U	Trgt Gen Seq Alys Pnl 55-74	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0244U	Onc Solid Orgn Dna 257 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				
0245U	Onc Thyr Mut Alys 10 Gen&37	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	0, -0,	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0250U	Onc Sld Org Neo Dna 505 Gene	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02300	5.16.514 6.18 1.16.5 5.14 5.55 Gene	avoid post-service review by Carelon.	3, 20, 2020	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
0252U	Ftl Aneuploidy Str Alys Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02320	Tit Alicapiolay Sti Alys Dila	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
0253U	Ftl Aneuploidy Str Alys Dna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02330	Titi Alleupioluy Sti Alys Dila	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
025411	Danielt is Mark Alice 24 Character		0/10/2022			
0254U	Reprdtve Med Alys 24 Chrmsm	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-		
		avoid post-service review by Carelon.				
225011	1: D 14 50 100 C 11	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /2 02 0			
0258U	Ai Psor Mrna 50-100 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				
0260U	Rare Ds Id Opt Genome Mapg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0262U	Onc Sld Tum Rt-Pcr 7 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				
0264U	Rare Ds Id Opt Genome Mapg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0265U	Rar Do Whl Gn&Mtcdrl Dna Als	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
B		·				

		MP Criteria: Procedures/services reviewed against Medical				
0266U	Unxpl Cnst Hrtbl Do Gn Xprs	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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	_	_	
		avoid post-service review by Carelon.				
		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			
	s a	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			
02720	Them delicate six so so series	avoid post-service review by Carelon.	3, 20, 2020	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
0273U	Hem Gen Hyprfibrnlysis 8 Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02730	Hem den riypriishiiysis o den	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
02740	Helli deli Fitit Do 43 delles	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
0276U	Hom Inh Thrombooktononia 22	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
02760	Hem Inh Thrombocytopenia 23	•	9/18/2023	_	-	
		avoid post-service review by Carelon.				
027711	Harry Care Philip Francis De 20	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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	- 4 4			
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.				

		MP Criteria: Procedures/services reviewed against Medical				
0289U	Neuro Alzheimer Mrna 24 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				
0290U	Pain Mgmt Mrna Gen Xprsn 36	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
0291U	Psyc Mood Do Mrna 144 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				
0292U	Psyc Strs Do Mrna 72 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				
0293U	Psyc Suicidal Idea Mrna 54	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0294U	Lngvty&Mrtlty Rsk Mrna 18Gen	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	6 1,11 11,11	avoid post-service review by Carelon.	-, -, -	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0296U	Onc Orl&/Orop Ca 20 Mlc Feat	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -, -	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0297U	Onc Pan Tum Whl Gen Seg 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				
0298U	Onc Pan Tum Whl Trns Seg Rna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	·	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0299U	Onc Pan Tum Whl Gen Opt Mapg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-, -, -	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0300U	Onc Pan Tum Whl Gen Seq&Opt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	0, -0,	_	_	
		avoid post service review by earcion.				
	Oncology (Minimal Residual Disease [Mrd]), Next-	MP Criteria: Procedures/services reviewed against Medical				
0306U	Generation Targeted Sequencing Analysis, Cell-Free Dna,	Policy Criteria Submit for Recommended Clinical Review to	9/18/2023			
03000	Initial (Baseline) Assessment To Determine A Patient Specific	avoid post-service review by Carelon.	3/ 10/ 2023	_	_	
	Panel For Future Comparisons To Evaluate For Mrd	avoid post service review by edicion.				
	Oncology (Minimal Residual Disease [Mrd]), Next-					
	Generation Targeted Sequencing Analysis Of A Patient-	MP Criteria: Procedures/services reviewed against Medical				
0307U	Specific Panel, Cell-Free Dna, Subsequent Assessment With	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	Comparison To Previously Analyzed Patient Specimens To	avoid post-service review by Carelon.	3, 10, 2023	_	_	
	Evaluate For Mrd	avoid post service review by careion.				
	Lvaluate i UI IVII u					

	Oncology (Pancreas), Dna And Mrna Next-Generation				
	Sequencing Analysis Of 74 Genes And Analysis Of Cea				
	(Ceacam5) Gene Expression, Pancreatic Cyst Fluid, Algorithm	MP Criteria: Procedures/services reviewed against Medical			
0313U	Reported As A Categorical Result (I.E., Negative, Low	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
l	·	avoid post-service review by Carelon.			
	Probability Of Neoplasia Or Positive, High Probability Of				
	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	·	9/18/2023		
03140	(Ffpe) Tissue, Algorithm Reported As A Categorical Result	avoid post-service review by Carelon.	3/18/2023	-	_
	(I.E., Benign, Intermediate, Malignant)	avoid post-service review by Careion.			
	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		
03130	Embedded Tissue, Algorithm Reported As A Categorical Risk	•	3/10/2023	_	-
	Result (I.E., Class 1, Class 2A, Class 2B)	avoid post service review by edicion.			
	Oncology (Lung Cancer), Four-Probe Fish (3Q29, 3P22.1,				
	10Q22.3, 10Cen) Assay, Whole Blood, Predictive Algorithm	MP Criteria: Procedures/services reviewed against Medical	- 4 4		
0317U	Generated Evaluation Reported As Decreased Or Increased	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
	Risk For Lung Cancer	avoid post-service review by Carelon.			
	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	_	<u>_</u>
	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		
03190	Blood, Algorithm Reported As A Risk Score For Early Acute	•	9/10/2023	-	_
	Rejection	avoid post-service review by Carelon.			
	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		
03200	Blood, Algorithm Reported As A Risk Score For Acute Cellular	avoid post-service review by Carelon.	3/10/2023	-	_
	Rejection	<u> </u>			
		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	-44		
0327U	Ftl Aneuploidy Trsmy Dna Seq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
00001	0 N V N N N N N N N N N N N N N N N N N	MP Criteria: Procedures/services reviewed against Medical	0/40/2222		
0329U	Onc Neo Xomeandtrns Seq Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_
		avoid post-service review by Carelon.			
022411	Ossill New Ost Cost Massive	MP Criteria: Procedures/services reviewed against Medical	0/40/2022		
0331U	Onc HI Neo Opt Gen Mapping	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
C0143	Wanfarin Daggar Canadia Task	MP Criteria: Procedures/services reviewed against Medical	0/10/2022		
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	_	_	
		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				
S3841	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	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
S3844	Dna Analysis Deafness	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	,	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
S3845	Gene Test Alpha-Thalassemia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 25, 2525	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
S3846	Gene Test Beta-Thalassemia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
33040	Gene rest beta maiasserma	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
S3849	Gene Test Niemann-Pick	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
33043	Gene rest Memani-rick	avoid post-service review by Carelon.	3/18/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
S3850	Gene Test Sickle Cell	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
33630	Gene Test Sickle Cell	•	9/18/2023	_	-	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
62052	Dan Analysis Anna Alabaisans	·	0/10/2022			
S3852	Dna Analysis Apoe Alzheimer	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
S3853	Gene Test Myo Musclr Dyst	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
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				
S3861	Genetic Test Brugada	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
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				
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.		_		
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		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	t 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 Intrclr	y 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 Alg	rft 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				
20936 Sp Bone Agrft I	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 I	Morsel Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
op some right.		avoid post-service review by Carelon.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
20938 Sp Bone Agrft S	Struct Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
Sp Bone Agrice	Struct Add On	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
20939 Bone Marrow	Aspir Bone Grfg	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
Bone Warrow /	Aspir bone ong	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
20974 Electrical Bone	Stimulation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
20974 Electrical Bolle	Sumulation	,	9/18/2023	_	-	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
2007F Floatrical Bone	Ctionulation	·	0/10/2022			
20975 Electrical Bone	Stimulation	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-		
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	0/40/0000			
22206 Incis Spine 3 Co	olumn I norac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- 4: - 4			
22207 Incis Spine 3 Co	olumn 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				
22208 Incis Spine 3 Co	olumn Adl 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				
22210 Incis 1 Vertebra	al 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 Vertebra	al Seg Thorac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		avoid post-service review by Carelon.				

Policy Criteria. Submit for Recommended Clinical Review to   9/18/2023						
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MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommeded Clinical Review to avoid post-service review by Carelon.  MP Criteria: Submit for Recommended Clinical Review to avoid post-service review by Carelon.  MP Criteria: Submit for Recommended Clinical Review to avoid post-service review by Carelon.  MP Criteria: Submit for Recommended Clinical Review to avoid post-service review by Carelon.  MP Criteria: Submit for Recommended Clinical Review to avoid post-service review by Carelon.  MP 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 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 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 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 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: Proc	22214	Incis 1 Vertebral Seg Lumbar	•	9/18/2023	_	_
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	·	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22612	Arthrd Pst Tq 1Ntrspc Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, 25, 2525	_	-	
		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	Altina 13t 1q INti3pe La Ada	avoid post-service review by Carelon.	3/10/2023	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
22620	Arthred Det To 1 Nitrone Lum	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
22630	Arthrd Pst Tq 1Ntrspc Lum	•	9/18/2023	_	-	
		avoid post-service review by Carelon.				
22622	Authord Dat To 1Nture a Lies To	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
22632	Arthrd Pst Tq 1Ntrspc Lm Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
22522		MP Criteria: Procedures/services reviewed against Medical	0/10/2222			
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.				

		14D 0 11 1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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	_	_	
		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	_	_	
		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.	-, -, -	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22818	Kyphectomy 1-2 Segments	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	Nyphosiomy 2 2 degiments	avoid post-service review by Carelon.	3, 13, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22819	Kyphectomy 3 Or More	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22013	Ryphecionly 3 of More	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22830	Exploration Of Spinal Fusion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22030	Exploration of Spinarr asion	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22840	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22040	insert Spine i ixation bevice	avoid post-service review by Carelon.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
22041	Incort China Fivation Davida		0/10/2022			
22841	Insert Spine Fixation Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
22042	Lead Calca Finalina Dating	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
22842	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	- 4 4			
22843	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	- 4 4			
22844	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				
22845	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				
22846	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				
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.	5, 55, 555	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
22857	Tot Disc Arthrp Ant Lumbar	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22037	Tot bise Arting Ant Lumbur	avoid post-service review by Carelon.	3/10/2023	-	_	
		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			
22030	Tot bise Artille Arti Ziva Evi	avoid post-service review by Carelon.	3/18/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
22859	Insj Biomechanical Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
22859	irisj Biomechanical Device	•	9/18/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
22061	Davidas Cama Antific Dies	·	0/10/2022			
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.				
		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.				
		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.	•	_	_	
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		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	_	_	
		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			
25 .50	Repair Shoulder Capsure	avoid post-service review by Carelon.	3, 10, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
23455	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
23 133	Repair Shoulder capsare	avoid post-service review by Carelon.	3, 10, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
23460	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
25400	Repair Silouider Capsale	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
23462	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
23402	Repail Siloulder Capsule	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
22465	Dannin Chaulden Canaula		0/10/2022			
23465	Repair Shoulder Capsule	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
22.455		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
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	- 4 4			
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.				
		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.				
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27120		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000		
27120	Reconstruction Of Hip Socket	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
27122	Reconstruction Of Hip Socket	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
27125	Partial Hip Replacement	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	=
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
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			
27132	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			
27134	Revise Hip Joint Replacement	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	·	avoid post-service review by Carelon.		_	_
		MP Criteria: Procedures/services reviewed against Medical			
27137	Revise Hip Joint Replacement	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	-, -, -	_	_
		MP Criteria: Procedures/services reviewed against Medical			
27138	Revise Hip Joint Replacement	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
	nerise inprome replacement	avoid post-service review by Carelon.	-,,	_	=
		MP Criteria: Procedures/services reviewed against Medical			
27279	Arthrodesis Sacroiliac Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
		avoid post-service review by Carelon.	3/10/2023	_	_
		MP Criteria: Procedures/services reviewed against Medical			
27332	Removal Of Knee Cartilage	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023		
27332	Kemovai of knee cartilage	avoid post-service review by Carelon.	3/10/2023	-	_
		MP Criteria: Procedures/services reviewed against Medical			
27222	Domoval Of Knoo Cartilago		0/10/2022		
27333	Removal Of Knee Cartilage	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
		avoid post-service review by Carelon.			
27224	Daniel a Mana Islah II slam	MP Criteria: Procedures/services reviewed against Medical	0/40/2022		
27334	Remove Knee Joint Lining	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	-
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical	- 4 4		
27335	Remove Knee Joint Lining	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
	Under Excision Procedures On The Femur (Thigh Region)	MP Criteria: Procedures/services reviewed against Medical			
27345	And Knee Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-
	And Mice Joine	avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
27403	Repair Of Knee Cartilage	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
		avoid post-service review by Carelon.			
		MP Criteria: Procedures/services reviewed against Medical			
27415	Osteochondral Knee Allograft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
ı		avoid post-service review by Carelon.			

		MP Criteria: Procedures/services reviewed against Medical				
27416	Osteochondral Knee Autograft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
27425	Lat Retinacular Release Open	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
27427	Reconstruction Knee	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
27428	Reconstruction Knee	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
27429	Reconstruction Knee	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
27437	Revise Kneecap	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	-,,	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
27438	Revise Kneecap With Implant	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
27430	Nevise Micecup With Implant	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
27440	Revision Of Knee Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
27440	Revision of Rifee Joint	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
27441	Revision Of Knee Joint		0/10/2022			
2/441	Revision of knee 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				
27442	Davisias Of Kasa Isiat		0/10/2022			
27442	Revision Of Knee 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				
27443	Revision Of Knee 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				
27445	Revision Of Knee 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				
27446	Revision Of Knee 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				
27447	Total Knee 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				
27486	Revise/Replace Knee 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				
27487	Revise/Replace Knee Joint	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
	·	avoid post-service review by Carelon.	•	<del>-</del>	_	
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		MP Criteria: Procedures/services reviewed against Medical	- 1:- 1			
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			
03012	Nemove Edinina/Tucets Edinisal	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
63015	Remove Spine Lamina >2 Crvcl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03013	Remove Spine Lamina >2 Civer	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63016	Domeya Caina Lamina > 2 Thra		0/10/2022			
03010	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				
62017	Damana Caina Laurina y 2 Lauha	·	0/10/2022			
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	- 4 4			
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	_	_	
		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	_	_	
		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.	•	_	_	

		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			
	5, 5, 7, 7, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	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			
03031	e cuminoplasty wy drafty hate	avoid post-service review by Carelon.	3/ 10/ 2023	_	_	
		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			
03032	Earn ractey rinte Artifica Earn Ea	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
03033	Lam Facte/Fillet Artifica Lum La	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
63055	Decempress Cainal Cord Thre	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
03033	Decompress Spinal Cord Thrc	•	9/18/2023	_	-	
		avoid post-service review by Carelon.				
52055	0 10 11	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /2 02 0			
63056	Decompress Spinal Cord 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	- 4 4			
63057	Decompress Spine Cord 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				
63075	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				
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			
03101	Remove vere body bempin time	avoid post-service review by Carelon.	3, 10, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
63102	Remove Vert Body Dcmprn Lmbr	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03102	Remove vert body bempin timbi	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
63103	Remove Vertebral Body Add-On	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03103	Remove Vertebrai Body Add-Off	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
C240F	In since Coline Nav. Holf Comment		0/10/2022			
63185	Incise Spine Nrv Half Segmnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	<del>-</del>	
		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	-	<del>-</del> .	
		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.				
		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.				
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		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			
00202	5.4 2.0 tall opine 2001 2110.	avoid post-service review by Carelon.	3, 20, 2020	_	<del>-</del> -	
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63285	Bx/Exc Idrl Imed Lesn Cervl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03203	BA EXCITATIONE LESS COLVI	avoid post-service review by Carelon.	3/ 10/ 2023	_	_	
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63287	Bx/Exc Idrl Imed Lesn Thrlmb	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
03207	by Exciair fined Ecsii Fiffiffib	avoid post-service review by Carelon.	3/10/2023	-	_	
		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			
03290	BX/ EXC XUII/IUII ESII AIIY EVI	,	9/10/2023	_	_	
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62200	Damas a Vant Valul Dada Coul	·	0/10/2022			
63300	Remove Vert Xdrl Body Crvcl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-		
		avoid post-service review by Carelon.				
62204	Daniela Vad Vad Dada Thea	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
63301	Remove Vert Xdrl Body 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	- 4 4			
63302	Remove Vert Xdrl Body Thrlmb	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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.				
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		MP Criteria: Procedures/services reviewed against Medical				
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				
63307	Remov Vert Idrl 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				
63308	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				
0095T	Rmvl Artific Disc Addl 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				
0098T	Rev Artific 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				
0164T	Remove Lumb Artif Disc Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	5, -5, -5-5	_	-	
		MP Criteria: Procedures/services reviewed against Medical				
0165T	Revise Lumb Artif Disc Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01031	Nevise Editio Artif Dise Addi	avoid post-service review by Carelon.	3/10/2023	_	_	
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C9359	ImpInt Bon Void Filler-Putty	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
C3333	implife both void i lifer-i decy	avoid post-service review by Carelon.	3/18/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
C9362	ImpInt Bon Void Filler-Strip	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
C9362	impint Bon Void Filler-Strip	•	9/18/2023	_	-	
		avoid post-service review by Carelon.				
50740	Flor Ostanova Stine Spinel	MP Criteria: Procedures/services reviewed against Medical	0/10/2022			
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	- 4 4			
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 Implnt	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.		_	_	

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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			
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64483	Njx Aa&/Strd Tfrm Epi L/S 1	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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64484	Njx Aa&/Strd Tfrm Epi L/S Ea	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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64491	Inj Paravert F Jnt C/T 2 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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64492	Ini Darayart F Int C/T 2 Lay	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
04492	Inj Paravert F Jnt C/T 3 Lev	•	9/18/2023	_	_	
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64402	Lai Barrara de Francis (C. 4. La	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
64493	Inj Paravert F Jnt L/S 1 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64494	Inj Paravert F Jnt L/S 2 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64495	Inj Paravert F Jnt L/S 3 Lev	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64510	N Block Stellate Ganglion	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
64520	N Block Lumbar/Thoracic	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		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	_	_	
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64633	Destroy Cerv/Thor Facet Jnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64634	Destroy C/Th Facet Jnt Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
64635	Destroy Lumb/Sac Facet Jnt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
64636	Destroy L/S Facet Int Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		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			
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0214T	Njx Paravert W/Us Cer/Thor	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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0215T	Njx Paravert W/Us Cer/Thor	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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0216T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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0217T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02171	NJX T dravert W/ 03 Edinb/ 3dc	avoid post-service review by Carelon.	3/10/2023	_	_	
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0218T	Njx Paravert W/Us Lumb/Sac	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
02181	NJX Faravert W/OS Lumb/Sac	•	9/10/2023	_	_	
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61850	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
54050		MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
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	- 4: - 4			
61864	Implant Neuroelectrde Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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61867	Implant Neuroelectrode	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
61868	Implant Neuroelectrde Addl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64561	Implant Neuroelectrodes	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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64581	Opn Impltj Nea Sacral Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
A4290	Sacral Nerve Stim Test Lead	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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		MP Criteria: Procedures/services reviewed against Medical				
E0745	Neuromuscular Stim For Shock	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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L8600	Implant Breast Silicone/Eq	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
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30130	Excise Inferior Turbinate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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30140	Resect Inferior Turbinate	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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		MP Criteria: Procedures/services reviewed against Medical				
30520	Repair Of Nasal Septum	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
55525	nopan or masar septam	avoid post-service review by BCBS.	3, 20, 2020	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
64716	Revision Of Cranial Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
01710	Revision of claimar verve	avoid post-service review by BCBS.	3/ 10/ 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
64732	Incision Of Brow Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
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C 4 7 7 4	Carray Cranial Names		0/10/2022			
64771	Sever Cranial Nerve	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	-	_	
		avoid post-service review by BCBS.				
24005	5 /0 /0 //	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /0 000			
21085	Prepare 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	- 4 4			
21110	Interdental 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	- 4 4			
21141	Lefort 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	Lefort I-2 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				
21143	Lefort I-3/> Piece W/O Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by BCBS.				
		avoid post service review by bebs.				

		MP Criteria: Procedures/services reviewed against Medical				
21193	Reconst Lwr Jaw 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				
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			
	Ç	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.	-,,	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
21210	Face Bone Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
21210	race bone drait	avoid post-service review by BCBS.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
21215	Lower Jaw Bone Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
21213	Lower Jaw Bone Grant	avoid post-service review by BCBS.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
21230	Rib Cartilage Graft	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
21230	ND Cartilage Graft	•	9/10/2023	_	_	
		avoid post-service review by BCBS.  MP Criteria: Procedures/services reviewed against Medical				
10204	Draw Time Carriant Dutl Mast	·	0/10/2022			
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	_	_	
	<del>-</del>	avoid post-service review by Carelon.				

		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.	5, -5, -5-5	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
55920	Place Needles Pelvic For Rt	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
33320	ridee Needles Felvier of Re	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
57155	Insert Uteri Tandem/Ovoids	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
37133	msert oten randem/ ovolds	avoid post-service review by Carelon.	3/18/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
57156	Ins Vag Brachytx Device	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
5/150	ins vag Brachytx Device	•	9/18/2023	_	-	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
E024C	leaset Haussey Hhari Canaula	·	0/10/2022			
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	_	_	
		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.				
		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.				
		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.				
		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.				
		avoid 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.				
		MP Criteria: Procedures/services reviewed against Medical				
67218	Treatment Of Retinal 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				
76873	Echograp Trans R Pros Study	Policy Criteria. Submit for Recommended Clinical Review to	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	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical				
77014	Ct Scan For Therapy Guide	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
	1,	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			
7,301	nadiotherapy bose right mine	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
77316	Brachytx Isodose Plan Simple	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
77310	Brachytx isodose i ian simple	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
77317	Brachytx Isodose Intermed	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
//31/	Brachytx isodose intermed	•	9/18/2023	_	-	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
77240	Busch, to lead one Consular		0/10/2022			
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	- 4 4			
77338	Design MIc 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				
77372	Srs Linear Based	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		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.	•	_	_	

		140 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
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			
77 133	Soft Wallagement	avoid post-service review by Carelon.	3, 10, 2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
77469	Io Radiation Tx Management	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
77403	10 Natiation 1x Management	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
77470	Cassial Radiation Treatment	,	0/10/2022			
77470	Special Radiation Treatment	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	-	
		avoid post-service review by Carelon.				
77520	Protes Tout Carela W/O Come	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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	- 4 4			
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.				
		avoid post service review by edicion.				

		MP Criteria: Procedures/services reviewed against Medical				
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			
,,,,,	Trai Ranci Wilstly leav Brentx	avoid post-service review by Carelon.	3/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
77772	Hdr Rdncl Ntrstl/Icav Brchtx	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
77772	Trui Runci Wirstly leav Brentx	avoid post-service review by Carelon.	3/10/2023	-	_	
		MP Criteria: Procedures/services reviewed against Medical				
77778	Apply Interstit Dadiet Compl		0/10/2022			
////8	Apply Interstit Radiat Compl	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
77700	Dadiation Handling	MP Criteria: Procedures/services reviewed against Medical	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	- 4 4			
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	I131 Iodobenguate 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.	•	_	_	

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		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	I131 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.	-, -, -	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
A9606	Radium Ra223 Dichloride Ther	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
7.5555	nadam nazzo bisinonae mei	avoid post-service review by Carelon.	3, 13, 2020	_	<del>-</del>	
		MP Criteria: Procedures/services reviewed against Medical				
G0339	Robot Lin-Radsurg Com First	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
00333	Robot Elli Raddarg Com That	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
00340	RODE LIII-Rausuig Fracta 2-0	•	9/10/2023	_	_	
		avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical				
G0458	Ldr Drastata Prachy Comp Dat	Policy Criteria. Submit for Recommended Clinical Review to	0/10/2022			
G0458	Ldr Prostate Brachy Comp Rat	•	9/18/2023	_	_	
		avoid post-service review by Carelon.				
66004	Esta C. Marca Badfalla access	MP Criteria: Procedures/services reviewed against Medical	0/40/2022			
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	- 4 4			
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	<b>Radiation Treatment Delivery</b>	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				

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95807 Sleep Study Attended Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	95807	Sleep Study Attended	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_
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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 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

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	-	-

		MP Criteria: Procedures/services reviewed against Medical				
81451	Tgsap HI Neo 5-50 Rna 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				
81456	Tgsap So/HI 51/< Rna 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				
0332U	Onc Pan Tum Gen Prflg 8 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				
0333U	Onc Lvr Surveilanc Hcc Cfdna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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			
	<b>3 3</b> ,	avoid post-service review by Carelon.		_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0335U	Rare Ds Whl Gen Seq Fetal	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023			
		avoid post-service review by Carelon.	0, 00, 000	_	-	
		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	Mare 23 Will deli seq 51a/31V	avoid post-service review by Carelon.	3/10/2023	_	_	
		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			
03330	One i isto with a floxed And Bix1	avoid post-service review by Carelon.	3/10/2023	_	_	
		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 Fair Ca Alys Wird Flasilia	avoid post-service review by Carelon.	9/10/2023	_	_	
		MP Criteria: Procedures/services reviewed against Medical				
0341U	Etl Angun Dag Cog Connt Alve	·	0/10/2022			
03410	Ftl Aneup Dna Seq Cmpr Alys	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
00.4011	0 0 10 1/2 11 110 0	MP Criteria: Procedures/services reviewed against Medical	0 /4 0 /2 02 0			
0343U	Onc Prst8 Xom Aly 442 Sncrna	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		MP Criteria: Procedures/services reviewed against Medical	- 4 4			
0345U	Psyc Genom Alys Pnl 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				
0347U	Rx Metab/Pcx Dna 16 Gen 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				
0348U	Rx Metab/Pcx Dna 25 Gen 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				
0349U	Rx Metab/Pcx Dna 27Gen Rx Ia	Policy Criteria. Submit for Recommended Clinical Review to	9/18/2023	_	_	
		avoid post-service review by Carelon.				
		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	_	_	
		avoid post-service review by Carelon.				
		The second secon				

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005511		MP Criteria: Procedures/services reviewed against Medical	
0355U	Apol1 Risk 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	
0356U	Onc Orop 17 Dna Ddpcr 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	
0362U	Onc Pap Thyr Ca Rna 82&10	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
		avoid post-service review by Carelon.	
		MP Criteria: Procedures/services reviewed against Medical	
0363U	Onc Urthl Mrna 5 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	
22860	Tot Disc Arthrp 2Ntrspc Lmbr	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
	·	avoid post-service review by Carelon.	
		MP Criteria: Procedure/service reviewed against Medical	
70336	Magnetic Image Jaw Joint	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
		avoid post-service review.	
		MP Criteria: Procedure/service reviewed against Medical	
27412	Autochondrocyte Implant Knee	Policy Criteria. Submit for Recommended Clinical Review to 9/18/2023	
27412	Autochondrocyte implant knee	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
04333	IMPLANT NEOROELECTRODES	MP Criteria: Procedure/service reviewed against Medical	12/31/2999
		Policy Criteria. Submit for Recommended Clinical Review to	
64575	OPN IMPLTJ NEA PERPH NERVE	avoid post-service review. 7/15/2023	_ 12/31/2999
04373	OPN IMPLITINEA PERPH NERVE	MP Criteria: Procedure/service reviewed against Medical	12/31/2999
		Policy Criteria. Submit for Recommended Clinical Review to	
64500	INICOT (DEDO DAL/CACED CTIVALII	•	42/24/2000
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	, , <del>-</del>
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	7/15/2023	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
	h h - O / -/h		

		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	-
		MP Criteria: Procedure/service reviewed against Medical	//	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8681	Pt prgrm for implt neurostim	avoid post-service review. 7/15/2023	12/31/2999	-
20001	r c p. g	MP Criteria: Procedure/service reviewed against Medical	12,01,2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
L8682	Implt neurostim radiofg rec	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		
L8683	Radiofg trsmtr for implt neu	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		
L8685	Implt nrostm pls gen sng rec	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		_
L8686	Implt nrostm pls gen sng non	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		_
L8687	Implt nrostm pls gen dua rec	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		_
L8688	Implt nrostm pls gen dua non	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		_
L8689	External recharg sys intern	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		_
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	_
		avoid post-service review.		
		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		
12222		Policy Criteria. Submit for Recommended Clinical Review to	42/24/2000	_
J2329	Inj ublituximab-xiiy 1 mg	avoid post-service review. 8/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
60706	Esha and Cash Casa	Policy Criteria. Submit for Recommended Clinical Review to	42/24/2000	-
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		
04394	Dormahind al. nov	subject to pre-service review. Check EIU policy, which is	12/24/2000	-
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	-
Q4203	Biovalice til of St Sq citi	EIU: Procedure/service not reimbursed by the Plan. Not	0/13/2023	12/31/2999	
		subject to pre-service review. Check EIU policy, which is			
04202	Curanus dual par ca am		12/1/2022	12/21/2000	_
Q4282	Cygnus dual per sq cm	one of our Clinical Payment and Coding Policy (CPCP).  EIU: Procedure/service not reimbursed by the Plan. Not	12/1/2023	12/31/2999	
		·			
0.4204	Devices along the services	subject to pre-service review. Check EIU policy, which is	42/4/2022	12/21/2000	_
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			
0.4200	Varilla and a mately assessment	subject to pre-service review. Check EIU policy, which is	42/4/2022	42/24/2000	_
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	(Predetermination) to avoid post-service review.	8/1/2023	12/31/2999	_
30000	THI NOTILEIAL I	MP Criteria: Procedure/service reviewed against Medical	0/1/2023	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review			
67027	IMPLANT EYE DRUG SYSTEM	(Predetermination) to avoid post-service review.	8/15/2023	12/31/2999	_
07027	IIVIFLANT LTL DROG STSTEIVI	EIU: Procedure/service not reimbursed by the Plan. Not	8/13/2023	12/31/2999	
		subject to pre-service review. Check EIU policy, which is			
0809T	ARTHRD SI JT PRQ TFX&IMPLT	one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	_
08031	ANTIND SITT FRO IT ACTIVITE	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	12/21/2000	-
05451	TCAT TV ANNULUS RCNSTJ	(Predetermination) to avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical	9/1/2023	12/31/2999	
		·			
OFCOT	TTVD DEDO ADDD 1CT DDOCTU	Policy Criteria. Submit for Recommended Clinical Review	0/1/2022	12/21/2000	-
0569T	TTVR PERQ APPR 1ST PROSTH	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
05707	TTVD DEDO EA ADDI DDOCTII	Policy Criteria. Submit for Recommended Clinical Review	0 /4 /2022	42/24/2000	_
0570T	TTVR PERQ EA ADDL PROSTH	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
05007	IDE ADITIA TUM ODCAM DEDO	Policy Criteria. Submit for Recommended Clinical Review	0.14.10.000	12/21/2000	_
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
	IDE ADITIA TUNAGOS ODEN	Policy Criteria. Submit for Recommended Clinical Review	. / . /		_
0601T	IRE ABLTJ 1+TUMORS OPEN	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review	. / . /		_
0740T	REM AUTON ALG NSLN CAL SETUP	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review	- 1: 1		_
0741T	REM AUTON ALG NSLN DATA COLL	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
98978	REM THER MNTR DEV SPLY CBT	(Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
A4341	Iduc valve pat inst repl	(Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review			_
A4342	Iduc valve sply repl	(Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
	_	Policy Criteria. Submit for Recommended Clinical Review			_
J7183		(Predetermination) to avoid post-service review.	4/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			_
J3111	Inj. romosozumab-aqqg 1 mg	avoid post-service review.	4/1/2023	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.	4/1/2023	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. 4/1/2023	12/31/2999	_
1200 .	osti cottue inj non depot	MP Criteria: Procedure/service reviewed against Medical	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
J2353	Octreotide injection depot	avoid post-service review. 4/1/2023	12/31/2999	_
12333	octicotive injection depot	MP Criteria: Procedure/service reviewed against Medical	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
J1930	Lanreotide injection	avoid post-service review. 4/1/2023	12/31/2999	_
11930	Lameotide injection	MP Criteria: Procedure/service reviewed against Medical	12/31/2333	
		Policy Criteria. Submit for Recommended Clinical Review to		
J0485	Belatacept injection		12/31/2999	_
10465	Belatacept Injection	avoid post-service review. 4/1/2023  MP Criteria: Procedure/service reviewed against Medical	12/31/2999	
		·		
0597T	TEMP FML IU VALVE-PMP RPLCMT	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 11/15/2023	12/31/2999	_
05971	TEIVIP FIVIL TO VALVE-PIVIP RPLCIVIT		12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
OFOCT	TENAD ENAL HILVILV DNAD ACT INICI	Policy Criteria. Submit for Recommended Clinical Review to	12/21/2000	_
0596T	TEMP FML IU VLV-PMP 1ST INSJ	avoid post-service review. 11/15/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
50070	LIMBULGAL CORD OCCULID WALLIG	Policy Criteria. Submit for Recommended Clinical Review to	42/24/2000	_
59072	UMBILICAL CORD OCCLUD W/US	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
59076	FETAL SHUNT PLACEMENT W/US	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2400	Fetal surg congen hernia	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2401	Fetal surg urin trac obstr	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		-
S2402	Fetal surg cong cyst malf	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2403	Fetal surg pulmon sequest	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2404	Fetal surg myelomeningo	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2405	Fetal surg sacrococ teratoma	avoid post-service review. 10/1/2	2023 12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		_
S2409	Fetal surg noc	avoid post-service review. 10/1/2	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	024 _	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 Seg Alys Alg	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	7. 0	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 Circt Ca Mut&Mthyltn Mrk	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	one on at our material year man	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
03700	Mer Repeat Aprily Vine Aug	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 Sl Or Neo Dna523&Rna55	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
03730	1630p 31 31 1103 2110323 4111033	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
03800	TAX INICED AUVIS TIGE 34 ATY 20	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 –	01/01/2024
23700	Mnpj Anes Sho Jt Fixj Aprats	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
23700	Milpj Alles 3110 Jt Fixj Aprats	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	
		•	1/1/2024 _	Recommended Clinical Review
27224	Funland/Tuest Knoo leint	avoid post-service review by Carelon.		01/01/2024
27331	Explore/Treat Knee Joint	MP Criteria: Procedures/services reviewed against Medical	1/1/2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
27405	Danis Of Kara Lina wash	avoid post-service review by Carelon.		01/01/2024
27405	Repair Of Knee Ligament	MP Criteria: Procedures/services reviewed against Medical	1/1/2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
	- 1 - 6 11 11	avoid post-service review by Carelon.		01/01/2024
27407	Repair Of Knee Ligament	MP Criteria: Procedures/services reviewed against Medical	4 /4 /2024	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	. 4. 4	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
25025	one / it it is one / it is it	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 Clavicle	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
2552	one / wante one pour oleviole	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
23020	one / want ong Essantesoj / tas	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
23020	Sho Aithis sig Decomplession	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
23027	Sho Arthis Sig Nto II Cur Npi	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	01/01/2024
29828	Sho Arthrs Srg Bicp Tenodsis	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
23020	Silo Aitilis Sig bich Tellousis	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	01/01/2024
29860	Hip Arthroscopy Dx	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29000	пір Агіпгозсору дх	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	01/01/2024
29861	Hip Arthro W/Fb Removal	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29801	nip Artilio W/Fb Removal	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		,	1/1/2024 _	
29862	Hip Arthr0 W/Debridement	avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical		01/01/2024 Moved from PA to
29802	nip Artifio W/Debridement	·	1/1/2024	
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20062	Liting A million O NA / Cours and a many	avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical		01/01/2024
29863	Hip Arthr0 W/Synovectomy	·	1 /1 /2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20067	Allowfolder land to the AM/Control	avoid post-service review by Carelon.		01/01/2024 Moved from PA to
29867	Allgrft Impint Knee W/Scope	MP Criteria: Procedures/services reviewed against Medical	1 /1 /2024	
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20000	Maniara I Taran I Waran Muli Garan	avoid post-service review by Carelon.		01/01/2024
29868	Meniscal Trnspl Knee W/Scpe	MP Criteria: Procedures/services reviewed against Medical	4 /4 /2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20070		avoid post-service review by Carelon.		01/01/2024
29870	Knee Arthroscopy Dx	MP Criteria: Procedures/services reviewed against Medical	1 /1 /2024	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
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.		01/01/2024

29873	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
	1,7, 3,7	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
25075	inice / it it it occopy // oct Set /	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
25070	inice / it it it occopy // oct Set /	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
23077	inice / it it it occopy // oct Set /	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1,1,2021	01/01/2024
29879	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
23073	inter / it in oscopy/ sargery	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
23000	Kilee Artifioscopy, Surgery	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	01/01/2024
29881	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
23001	Kilee Artifioscopy/ Surgery	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
23002	Kliee Artilloscopy/Surgery	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	01/01/2024
29883	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		Moved from PA to
29005	knee Arthroscopy/Surgery	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
		avoid post-service review by Carelon.	1/1/2024 _	
29884	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical		01/01/2024 Moved from PA to
29004	knee Arthroscopy/Surgery	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	Recommended Clinical Review
		•	1/1/2024 _	
2000	Knoo Arthrospony/Curgony	avoid post-service review by Carelon.  MP Criteria: Procedures/services reviewed against Medical		01/01/2024
29885	Knee Arthroscopy/Surgery	·	1/1/2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20000	Varia Anthurasan Variani	avoid post-service review by Carelon.		01/01/2024 Moved from PA to
29886	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical	1/1/2024	
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20007	K A. th /C	avoid post-service review by Carelon.		01/01/2024
29887	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical	4 /4 /2024	Moved from PA to
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024 _	Recommended Clinical Review
20000	Mars Ash annua (6	avoid post-service review by Carelon.		01/01/2024
29888	Knee Arthroscopy/Surgery	MP Criteria: Procedures/services reviewed against Medical	1/1/2024	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
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	-
K1036	Supplies/accessories low freq ultrasonic diathermy per month	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4285	Nudyn dl or nudyn dl mesh, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
Q4286	Nudyn sl or nudyn slw, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2022	Innovaburn or innovamatrix xl, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2023	Innovamatrix pd, 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2024	Resolve matrix, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A2025	Miro3d, per cubic cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	10/1/2023	12/31/2999	-
A4560	Nmes disposable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/15/2024	12/31/2999	_
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	Retire effective 03/14/2024
J0739	Injection cabotegravir 1 mg	avoid post-service review. 10/15/2023 3/14/2024	
		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	
		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
		Policy Criteria. Submit for Recommended Clinical Review to 1/1/2024 _	Recommended Clinical Review
		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
	, p	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
37.133	riage senation in 11/3/ Quip	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	_, _,	_	01/01/2024
97156	Fam Adapt Bhv Tx Gdn Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
37.230	Tam Haupt 210 IN Gail Hiji Qilp	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 Bhv Tx Gdn	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
3, 13,	maic and adjective in Can	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1, 1, 202 1	_	01/01/2024
97158	Grp Adapt Bhv Tx By Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
37130	orp readic site 1x by 1 my, carp	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1, 1, 202 1	_	01/01/2024
0362T	Bhy Id Suprt Assmt Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
03021	Bit to Supre Assirted 15 Willi	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1/1/2024	_	01/01/2024
0373T	Adapt Bhv Tx Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
03731	Adapt bliv IX La 13 Willi	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1/1/2024	_	01/01/2024
96105	Assessment Of Aphasia, Per Hour	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
90103	Assessment of Apriasia, Fer flour	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1/1/2024	-	01/01/2024
96110	Developmental Screening, Per Instrument	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
90110	Developmental Screening, Fer histrament	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1/1/2024	-	01/01/2024
96112	Devel Tst Phys/Qhp 1St Hr	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
90112	Dever 1st Filys/Qilp 1st III	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		avoid post-service review.	1/1/2024	_	01/01/2024
96113	Devel Tst Phys/Qhp Ea Addl	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
90113	Dever 1st Phys/Qnp Ea Addi	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		
		•	1/1/2024	_	Recommended Clinical Review
96116	Neurobehavioral Status Exam, Per Hour	avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical			01/01/2024 Moved from PA to
90110	Neurobellavioral Status Exam, Per Hour	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
		•	1/1/2024	_	
96121	Each Additional Hour For Neurobehavioral Status Exam-	avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical			01/01/2024 Moved from PA to
90121		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		
	Must Be Used With 96116 (Not A Stand Alone Code)	•	1/1/2024	_	Recommended Clinical Review
96125	Standardized Cognitive Testing Por Hour	avoid post-service review.  MR Critoria: Procedure/service reviewed against Medical			01/01/2024 Moved from PA to
30172	Standardized Cognitive Testing, Per Hour	MP Criteria: Procedure/service reviewed against Medical	1 /1 /2024		
		Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024	-	Recommended Clinical Review
06127	Daief Carational /Dahariis Account	avoid post-service review.  MP Criteria: Procedure/service reviewed against Medical			01/01/2024
96127	Brief Emotional/Behavior Assessment		1 /1 /2024		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

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
	<b>G</b> , ,	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
	6 7 7	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
0000	Code)	Policy Criteria. Submit for Recommended Clinical Review to	1/1/2024		Recommended Clinical Review
	5545)	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
	7.2	avoid post-service review.		_	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical			3-, 3-, 3-, 3-, 3-, 3-, 3-, 3-, 3-, 3-,
		Policy Criteria. Submit for Recommended Clinical Review to	) 		
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	) 		
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	<del>-</del>
		MP Criteria: Procedure/service reviewed against Medical	, ,	, - ,	
		Policy Criteria. Submit for Recommended Clinical Review to	1		
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	-, -,	,,	21.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
		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
	. Englisher to only officer in	avoia post service review.	-, -,	,,	7.100 0.100.10 1/1/2021

	MP Criteria: Procedure/service reviewed against Medical			
	Policy Criteria. Submit for Recommended Clinical Review to			
PERQ SACRAL AUGMT BILAT INJ	avoid post-service review.	1/1/2024	12/31/2999	Add effective 1/1/2024
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
Elrexfio (elranatamab-bcmm)		4/1/2024		Moved from PA to
,	_	, , -	<del>-</del>	Recommended Clinical Review
	•			04/01/2024
Panzyga (immune globulin intravenous, human-ifas)		4/1/2024		Moved from PA to
7,00 (		, , -	_	Recommended Clinical Review
				04/01/2024
Cabazitaxel (sandoz)		4/1/2024		Moved from PA to
, ————————————————————————————————————	·	,, =, === :	_	Recommended Clinical Review
				04/01/2024
Paclitaxel protein-bound particles (american regent)		4/1/2024		Moved from PA to
a delicates process bound partitions (differentially egent)	·	., _, _,	-	Recommended Clinical Review
	•			04/01/2024
Columyi (glofitamah-gxhm)		4/1/2024		Moved from PA to
Column (Brontamas Bronn)	·	1,1,2021	_	Recommended Clinical Review
	,			04/01/2024
Enkinly (encoritamah-hysn)		4/1/2024		Moved from PA to
Epkiniy (epcontainab bysp)		7/1/2024	-	Recommended Clinical Review
	,			04/01/2024
Makena 10 Mg	<u>'</u>		1/1/2024	04/01/2024
Wakena 10 Wg	_	-	1/1/2024	_
	•			
Injection Denosumah 1 Mg Prolia/Ygeva (Denosumah)				
injection, benosumab, 1 Mg, 1 Tolla/ Ageva (benosumab)	·	-	-	-
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Ini Puvianco 10 Mg				
IIIJ Kuxience 10 Mg	_	-	-	-
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Ini Pishni 10 Ma				
IIIJ. NIADIII TO IVIK		-	-	-
Darhanastin Alfa, Non Eard	avoiu post-service review.			
Darbepoeuri Aira Nori-Esta	MP Criteria: Procedure/service reviewed against Medical	-	-	-
	Policy Criteria. Submit for Recommended Clinical Review to			
	avoid post-service review.			
	Talvey (talquetamab-tgvs)	PERQ SACRAL AUGMT BILAT INJ  Talvey (talquetamab-tgws)  Perquested a variety (talquetamab-tgws)  Elrexfio (elranatamab-bcmm)  Elrexfio (elranatamab-bcmm)  Panzyga (immune globulin intravenous, human-ifas)  Panzyga (immune globulin intravenous, human-ifas)  Panzyga (immune globulin intravenous, human-ifas)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed.  Epkinly (epcoritamab-bysp)  Epkinly (epcoritamab-bysp)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria: Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed agai	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Talvey (talquetamab-tgvs)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Elrexflo (elranatamab-bcmm)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Panzyga (immune globulin intravenous, human-ifas)  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed.  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.  Makena 10 Mg  Makena 10 Mg  MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service reviewed against Medical Policy Criter	PERG SACRAL AUGMT BILAT INJ avoid post-service review.  Talvey (talquetamab-tgvs)  RP Criteria: Procedure/service reviewed against Medical Policy Criteria: Procedure/service reviewed aga

J0885	Epoetin Alfa Non-Esrd				
		MP Criteria: Procedure/service reviewed against Medical	_	_	-
		Policy Criteria. Submit for Recommended Clinical Review to			
		avoid post-service review.			
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	<b> -</b>	_	-
		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
		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
	ml, containing nominal 2 x 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	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Moved from PA to
	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
	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
	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
	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
01 733	interrogation for sequence variants; DNA analysis or	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Recommended Clinical Review
		Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	combined DNA and RNA analysis, copy number variants,	,		04/01/2024
	microsatellite instability, tumor mutation burden, and	avoid post-service review.		
81462	rearrangements		4/1/2024	Moved from PA to
81462	Solid organ neoplasm, genomic sequence analysis panel, cell	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	I=
	free nucleic acid (eg, plasma), interrogation for sequence	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	variants; DNA analysis or combined DNA and RNA analysis,	avoid post-service review.		04/01/2024
04.460	copy number variants and rearrangements		4/4/2024	16 20
81463	Solid organ neoplasm, genomic sequence analysis panel, cell	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_ Moved from PA to
	free nucleic acid (eg, plasma), interrogation for sequence	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
	variants; DNA analysis, copy number variants, and	avoid post-service review.		04/01/2024
	microsatellite instability	·		
81464	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, microsatellite instability, tumor	avoid post-service review.		
	mutation burden, and rearrangements			
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	·		
	TERT and FGFR3, urine, algorithm reported as a risk score	avoid post-service review.		
	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,		4/1/2024	Moved from PA to
	including variant analysis of 26 genes, buccal swab, report	MP Criteria: Procedure/service reviewed against Medical	' '	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.		04/01/2024
0424U	Oncology (prostate), exosome-based analysis of 53 small		4/1/2024	Moved from PA to
0.12.10	noncoding RNAs (sncRNAs) by quantitative reverse	MP Criteria: Procedure/service reviewed against Medical	1,1,2021	Recommended Clinical Review
	transcription polymerase chain reaction (RT-qPCR), urine,	Policy Criteria. Submit for Recommended Clinical Review to		04/01/2024
	reported as no molecular evidence, low-, moderate- or	avoid post-service review.		04/01/2024
	1 '	avoiu post-service review.		
0425U	elevated-risk of prostate cancer  Genome (eg, unexplained constitutional or heritable	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	Moved from PA to
U423U		,	1 ' '	<del>-</del>
	disorder or syndrome), rapid sequence analysis, each	Policy Criteria. Submit for Recommended Clinical Review to		Recommended Clinical Review
042611	comparator genome (eg, parents, siblings)	avoid post-service review.	4/4/2024	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			01/01/2021
	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
01330		- 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
01310	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
04370	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	avoid post-service review.	4/1/2024		Moved from PA to
04380	response), buccal specimen, gene-drug interactions, variant	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	_	Recommended Clinical Review
		Policy Criteria. Submit for Recommended Clinical Review to			
	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			
		Policy Criteria. Submit for Recommended Clinical Review to			
0546T	RF SPECTRSC NTRAOP MRGN ASMT	•	1/1/2024	12/31/2999	Add effective 01/01/2024
03 101		avoid post-service review.	1/1/2021	12, 31, 2333	
		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		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			
	DEDO CA ODAL ALIGNAT DILAT INLI	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 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			
0404T	DDED & CANALILL COVE DON LUNG	Policy Criteria. Submit for Recommended Clinical Review to		42/24/2000	Add effective 02/01/2024
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			
		Policy Criteria. Submit for Recommended Clinical Review to			
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
	05 55 2 2 1 1	a.o.a poor ocivice review.	_, _, _0_ +	12, 31, 2333	

		EIU: Procedure/service not reimbursed by the Plan. Not			
		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
02040		Non Covered: Procedure/service not covered by the Plan.			
Q2049	Imported Lipodox inj	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
22837	ANT THRC VRT BODY TETHRG 8+	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
22838	REV RPLC/RMV THRC 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
27278	ARTHRD SI JT PRQ WO TFXJ DEV	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
31242	NSL/SINUS NDSC RF ABLTJ PNN	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
31243	NSL/SINUS NDSC CRYOABLTJ PNN	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
33276	INSJ PHRNC NRV STIM 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
33277	INSJ PHRNC NRV STIM TRANSVNS	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
33278	RMVL PHRNC NRV STIM 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			
	DANK BURNE NRVETHATRANSVAIS	subject to pre-service review. Check EIU policy, which is	5 /4 5 /2 02 4	42/24/2000	Add effective 05/15/2024
33279	RMVL PHRNC NRV STIM TRANSVNS	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			A 1.1 (C. 1) OF (AF (SSS.)
22200	DAMAN DURING NIDWICTIAN DC ONLY	subject to pre-service review. Check EIU policy, which is	F /4F /2024	12/21/2000	Add effective 05/15/2024
33280	RMVL PHRNC NRV STIM PG ONLY	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	
		EIU: Procedure/service not reimbursed by the Plan. Not			Add officer: 05 /45 /2024
22201	DEDOCC DUDNIC NDV CTIM TRNCVN	subject to pre-service review. Check EIU policy, which is	E /1E /2024	12/21/2000	Add effective 05/15/2024
33281	REPOSG PHRNC NRV STIM TRNSVN	one of our Clinical Payment and Coding Policy (CPCP).  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 offective OF /1F /2024
33287	RMV&RPLCMT PHRNC NRV STIM PG	one of our Clinical Payment and Coding Policy (CPCP).	E /1E /2024	12/21/2000	Add effective 05/15/2024
33201	NIVIVANTLUIVII FIININU INNV STIIVI PU	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
33288	RMV&RPLCMT PHRNC NRV STIM LD	one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/21/2000	Add effective 05/15/2024
33Z68	VINIAKLICINI LUKINC INKA 21 IINI FD	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 One of our Clinical Payment and Coding Policy (CPCP).			
			A d d affa ations OF /4 F /2024
CTSTO KX BALO CATH OKTL STKX OHE OF Our Chillical Payment and Coding Policy (CPCP).		12/21/2000	Add effective 05/15/2024
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 affactive OF /45 /2024
	E /4 E /2024	42/24/2000	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			
subject to pre-service review. Check EIU policy, which is	5 /4 5 /2 22 4	12/21/2002	Add effective 05/15/2024
93150 THERAPY ACTIVATION 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
93151 INTERROG&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
93152 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
93153 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
0790T 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
A4540 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
A4542 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
E3000 Speech volume modulation sys one of our Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	
MP Criteria: Procedure/service reviewed against Medica		, ,	
Policy Criteria. Submit for Recommended Clinical Review			
S0596 Phakic iol refractive error avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medica		,,	
Policy Criteria. Submit for Recommended Clinical Review			
19334 Inj efgart-alfa 2mg hya-qvfc avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
MP Criteria: Procedure/service reviewed against Medica		12/31/2333	circuite 02, 13, 2024
Policy Criteria. Submit for Recommended Clinical Review			
· · · · · · · · · · · · · · · · · · ·	2/15/2024	12/31/2999	Add effective 02/15/2024
J9333 Inj ronzanolixizum-noli 1 mg avoid post-service review.	2/ 13/ 2024	14/31/4333	Add effective 02/13/2024

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J3401	Vyjuvek 5x10^9pfu/ml 0.1 ml	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J2508	Pegunigalsidase alfa-iwxj	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J1413	Inj delandistrogene mox rokl	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J1412	Inj roctavian ml 2x10^13vc g	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
J1304	Inj tofersen intrathec 1 mg	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
E3000	Speech volume modulation sys	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
E0735	Non-invasive vagus nerv stim	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
E0734	Ext up limb tremor stim wris	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
E0733	Trans elec nerv for trigemin	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to	- 4 4	Add effective 02/15/2024
E0732	Ces system	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
<b>-</b> 0.000	6.11	Policy Criteria. Submit for Recommended Clinical Review to	12/21/2002	
E0682	Non pneum compress full arm	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
F0C01	Neg ages control/c co	Policy Criteria. Submit for Recommended Clinical Review to	12/21/2000	Add affaatii.a 02/15/2024
E0681	Non pneu comp control w/o ca	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
E0680	Non pneum comp control cal	Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
EUDSU	Non prieum comp control cal	avoid post-service review. 2/15/2024  MP Criteria: Procedure/service reviewed against Medical	12/31/2999	Add effective 02/15/2024
		Policy Criteria. Submit for Recommended Clinical Review to		
E0670	Non proum son comp half log	,	12/21/2000	Add effective 02/15/2024
E0679	Non pneum seq comp half leg	avoid post-service review. 2/15/2024  MP Criteria: Procedure/service reviewed against Medical	12/31/2999	Add effective 02/13/2024
		Policy Criteria. Submit for Recommended Clinical Review to		
E0678	Non proum sog comp full log	•	12/31/2999	Add effective 02/15/2024
LUU/0	Non pneum seq comp full leg	avoid post-service review. 2/15/2024  MP Criteria: Procedure/service reviewed against Medical	12/31/2333	Add Ellective 02/13/2024
		Policy Criteria. Submit for Recommended Clinical Review to		
C9782	Blind myocar trpl bon marrow	,	12/31/2999	Add effective 02/1/2024
C370Z	Dinia Hiyocar trpi borrinarrow	avoid post-service review. 2/1/2024	12/31/2333	Add Ellective 02/1/2024

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
C9160	Inj daxibotulinumtoxina-lanm	avoid post-service review. 5/15/2024	12/31/2999	Add effective 05/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
C2623	Cath translumin drug-coat	avoid post-service review. 2/1/2024	12/31/2999	Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/1/2024
C1832	Auto cell process sys	avoid post-service review. 2/1/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
A9291	Pres dig cog behav thera fda	avoid post-service review. 2/1/2024	12/31/2999	Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
A4542	Supp ext up limb tremor stim	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
A4541	Monthly supp use with e0733	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
A4540	Trans elec nerv periph nerv	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
97037	APPL MODALITY 1+LLLT PO PAIN	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
93153	INTERROG W/O PRGRMG IPNSS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
93152	INTERROG&PRGRMG IPNSS POLYSM	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
93151	INTERROG&PRGRMG IPNSS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
93150	THERAPY ACTIVATION IPNSS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
75894	X-RAYS TRANSCATH THERAPY	avoid post-service review. 2/1/2024	12/31/2999	Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
67516	SPRCHOROIDAL SPC NJX RX AGT	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
64597	INS/RPLCM PRQ ELTRD RA PN EA	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
64596	INS/RPLCMT PRQ ELTRD RA PN 1	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024

		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
61892	RMV SK-MNT CRNL NSTM PG/RCVR	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
61891	REV/RPLCMT SK-MNT CRNL NSTM	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
61889	INS SK-MNT CRNL NSTM PG/RCVR	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
61645	PERQ ART M-THROMBECT &/NFS	avoid post-service review. 2/1/2024	12/31/2999	Add effective 02/1/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		
58580	TRANSCRV ABLTJ UTRN FIBRD RF	avoid post-service review. 2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
52284	CYSTO RX BALO CATH URTL STRX	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33288	RMV&RPLCMT PHRNC NRV STIM LD	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33287	RMV&RPLCMT PHRNC NRV STIM PG	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33281	REPOSG PHRNC NRV STIM TRNSVN	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33280	RMVL PHRNC NRV STIM PG ONLY	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33279	RMVL PHRNC NRV STIM TRANSVNS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33278	RMVL PHRNC NRV STIM SYS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33277	INSJ PHRNC NRV STIM TRANSVNS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
33276	INSJ PHRNC NRV STIM SYS	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
31243	NSL/SINUS NDSC CRYOABLTJ PNN	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical		
		Policy Criteria. Submit for Recommended Clinical Review to		Add effective 02/15/2024
31242	NSL/SINUS NDSC RF ABLTJ PNN	avoid post-service review. 2/15/2024	5/14/2024	Retire effective 05/14/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		
29867	ALLGRFT IMPLNT KNEE W/SCOPE	avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		Add effective 02/15/2024
27278	ARTHRD SI JT PRQ WO TFXJ DEV	avoid post-service review.	2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		Add effective 02/15/2024
22838	REV RPLC/RMV THRC VRT TETHRG	avoid post-service review.	2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		Add effective 02/15/2024
22837	ANT THRC VRT BODY TETHRG 8+	avoid post-service review.	2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		Add effective 02/15/2024
22836	ANT THRC VRT BODY TETHRG <7	avoid post-service review.	2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		Add effective 02/15/2024
0790T	REVJ RPLCMT/RMVL VRT TETHRG	avoid post-service review.	2/15/2024	5/14/2024	Retire effective 05/14/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to	)		
0308T	INSJ OCULAR TELESCOPE PROSTH	avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
S8040	Topographic brain mapping	avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
Q4304	Grafix plus per sq cm	avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4303	Complete aa per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4303	Complete aa per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4302	Complete aca per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4302	Complete aca per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4301	Activate matrix per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4301	Activate matrix per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4300	Acesso tl per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4300	Acesso tl per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4299	Amnicore pro+ per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4299	Amnicore pro+ per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4298	Amnicore pro per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4298	Amnicore pro per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4297	Emerge matrix per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4297	Emerge matrix per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4296	Rebound matrix per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4296	Rebound matrix per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4295	Amnio tri-core per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4295	Amnio tri-core per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4294	Amnio quad-core per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4294	Amnio quad-core per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4293	Acesso dl per sq cm	· · · · · · · · · · · · · · · · · · ·	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4293	Acesso dl per sq cm	, , , , ,	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4292	Lamellas per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024

		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4292	Lamellas per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4291	Lamellas xt per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4291	Lamellas xt per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4290	Membrane wrap hydr per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4290	Membrane wrap hydr per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4289	Revoshield+ amnio per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4289	Revoshield+ amnio per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4288	Dermabind ch per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4288	Dermabind ch per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4287	Dermabind dl per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4287	Dermabind dl per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 03/15/2024
Q4279	Vendaje ac per sq cm	avoid post-service review.	3/15/2024	6/30/2024	Retire effecitve 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
Q4279	Vendaje ac per sq cm	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
10.405		Policy Criteria. Submit for Recommended Clinical Review to		10/04/5555	Add affect 0.04/04/0005
J0485	Belatacept injection	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
50500		Policy Criteria. Submit for Recommended Clinical Review to		10/04/5555	Add affects - 00 /04 /000 f
E0530	Electronic posa treatment	avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
F0403	Ord defendance with the	Policy Criteria. Submit for Recommended Clinical Review to		42/24/2022	Add affects - 00 (04 (000 c
E0493	Oral dv/app neuromus mouthpi	avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
E0492	Control unit nm stim w phone	avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
C9796	Rpr intst excl anrect fist	one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
C9161	Inj aflibercept hd 1 mg	avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
C1778		avoid post-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			
A2026	Restrata minimatrix 5 mg	one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
95962	ELECTRODE STIM BRAIN ADD-ON	avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
92972	PERQ TRLUML CORONRY LITHOTRP	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
92623	DX ALY AUD OI SND PRCSR EACH	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
92622	DX ALY AUD OI SND PRCSR 1ST	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
64568	OPN IMPLTJ CRNL NRV NEA&PG	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
64566	NEUROELTRD STIM POST TIBIAL	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 05/15/2024
51783	SCAN PROC SPINAL	avoid post-service review.	5/15/2024	6/30/2024	Retire effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
61783	SCAN PROC SPINAL	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
42950	RECONSTRUCTION OF THROAT	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
42145	REPAIR PALATE PHARYNX/UVULA	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
42140	EXCISION OF UVULA	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
41530	TONGUE BASE VOL REDUCTION		/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
21246	RECONSTRUCTION OF JAW	avoid post-service review.	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
21245	RECONSTRUCTION OF JAW	avoid post-service review.	1/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
21244	RECONSTRUCTION OF LOWER JAW	avoid post-service review.	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
21083	PREPARE FACE/ORAL PROSTHESIS	avoid post-service review.	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0864T	LOW NTSTY ESWT CORPUS CVRNSM	avoid post-service review.	/1/2024	6/30/2024	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0864T	LOW NTSTY ESWT CORPUS CVRNSM	one of our Clinical Payment and Coding Policy (CPCP).	//1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
D863T	RLCJ PG WCS LV TRNSMTR ONLY	avoid post-service review. 4,	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0862T	RLCJ PG WCS LV BATTERY ONLY	avoid post-service review. 4	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0861T	RMVL PG WCS LV BOTH COMPNT	avoid post-service review. 4	/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 05/15/2024
0818T	REVJ/RMVL INS PTN SUBQ	avoid post-service review.	/15/2024	6/30/2024	Retire effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
)818T	REVJ/RMVL INS PTN SUBQ	, , , ,	//1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			Add effective 05/15/2024
0816T	OPN INSJ/RPLCMT INS PTN SUBQ		/15/2024	6/30/2024	Retire effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	7 0 7 7	//1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0813T	EGD VOL ADJMT BARIATRIC BALO		/1/2024	6/30/2024	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0813T	EGD VOL ADJMT BARIATRIC BALO	one of our Clinical Payment and Coding Policy (CPCP). 7/	//1/2024	12/31/2999	Add effective 07/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0789T	ELEC ALY CPX IINS SP/SAC NRV	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical	,, =, ====		
		Policy Criteria. Submit for Recommended Clinical Review to			
D788T	ELEC ALY SMP IINS SP/SAC NRV	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
07001		MP Criteria: Procedure/service reviewed against Medical	., _, _,		
		Policy Criteria. Submit for Recommended Clinical Review to			
0787T	REVJ/RMVL NEA SAC W/NSTIM	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
	7	MP Criteria: Procedure/service reviewed against Medical	, , -	, , , , , , , , , , , , , , , , , , , ,	
		Policy Criteria. Submit for Recommended Clinical Review to			
)786T	INSJ/RPLCMT PRQ RA SAC NSTIM	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical	, , -	, , , , , , , , , , , , , , , , , , , ,	
		Policy Criteria. Submit for Recommended Clinical Review to			
0785T	REVJ/RMVL NEA SPI W/NSTIM	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0784T	INS/RPLMT ELTRD RA SPI NSTIM	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0619T	CYSTO W/PRST8 COMMISSUROTOMY	avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not			
		subject to pre-service review. Check EIU policy, which is			
0619T	CYSTO W/PRST8 COMMISSUROTOMY	one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0418T	INTERRO EVAL CARDIAC MODULJ	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0417T	PRGRMG EVAL CARDIAC MODULI	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0416T	RELOC SKIN POCKET PLS GEN	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0415T	REPOS CAR MODULJ TRANVNS ELT	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0414T	RMVL & RPL CAR MODULJ PLS GN	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0413T	RMVL CAR MODULJ TRANVNS ELT	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0412T	RMVL CARDIAC MODULI PLS GEN	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical			
		Policy Criteria. Submit for Recommended Clinical Review to			
0411T	INSJ/RPLC CAR MODULJ VNT ELT	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024

		MP Criteria: Procedure/service reviewed against Medical			
04407	W5/2010 045 M001/11 4T5 51T	Policy Criteria. Submit for Recommended Clinical Review to		40/04/0000	A did affective 04/04/2024
0410T	INSJ/RPLC CAR MODULJ ATR ELT	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to			
0409T	INSJ/RPLC CAR MODULJ PLS GN	avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
04031	INSTALLE CAR MODULI LIS GIV	MP Criteria: Procedure/service reviewed against Medical	4/1/2024	12/31/2333	Add chective 04/01/2024
		Policy Criteria. Submit for Recommended Clinical Review to			
0408T	INSJ/RPLC CARDIAC MODULJ SYS	avoid post-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,			
Q4305		which is one of our Clinical Payment and Coding			
	Amer am ac tri-lay per sq cm	Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
	7 tiller alli de til lay per 3q elli	EIU: Procedure/service not reimbursed by the Plan.	7/ 1/ 2024	12/31/2333	7100 011001110 0 17017202 1
		Not subject to pre-service review. Check EIU policy,			
Q4306					
	A consideration and a consideration	which is one of our Clinical Payment and Coding	4 /4 /2024	42/24/2000	A dat officiality of 104 /2024
	Americ amnion ac per sq cm	Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan.			
Q4307		Not subject to pre-service review. Check EIU policy,			
Q 1307		which is one of our Clinical Payment and Coding			
	American amnion, per sq cm	Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
		EIU: Procedure/service not reimbursed by the Plan.			
0.4200		Not subject to pre-service review. Check EIU policy,			
Q4308		which is one of our Clinical Payment and Coding			
	Sanopellis, per sq cm	Policy (CPCP).	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,			
Q4309		which is one of our Clinical Payment and Coding			
	Via matrix, per sq cm	Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
	via macing per 34 cm	EIU: Procedure/service not reimbursed by the Plan.	7/ 1/ 2024	12/31/2333	7100 011001110 0 17017202 1
		Not subject to pre-service review. Check EIU policy,			
Q4310		which is one of our Clinical Payment and Coding			
	Procents nor 100 mg		4/1/2024	12/21/2000	Add effective 04/01/2024
	Procenta, per 100 mg	Policy (CPCP).  MP Criteria: Procedure/service reviewed against Medical	4/1/2024	12/31/2999	
0439U	Crd Chd Dna Alys 5 Snp 3 Dna	Policy Criteria. Submit for Recommended Clinical Review to			Moved from PA to Recommended Clinical Review
04390		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0440U	Crd Chd Dna Alys 10 Snp 6Dna	MP Criteria: Procedure/service reviewed against Medical	., _, _,	12,31,233	Moved from PA to
	Cid Cild Dila Aiys 10 Slip Oblia	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0444U	Onc Sld Orgn Neo Tgsap 361	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	2 2 2.0	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024

	Onc Lng&Cln Ca Dna Qual Ngs	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0448U		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0449U	Car Scr Sev Inh Cond 5 Genes	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.	7/1/2024	12/31/2999	07/01/2024
	Onc Prst8 Mrna 18 Gen Dre Ur	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0403U		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
	Onc HI Neo Opt Gen Mapg Dna	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0405U	100	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
	Onc Sld Tum Dna 80 & Rna 36	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0409U		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
	Onc Pncrtc Dna Whl Gn Seg 5-	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0410U		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0411U	Psyc Genom Alys Pnl 15 Gen	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.	7/1/2024	12/31/2999	07/01/2024
0413U	Onc HI Neo Opt Gen Mapg Dna	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	100	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
			7/1/2024	12/31/2999	07/01/2024
	Onc Lng Aug Alg Aly Whl Sld8	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
0414U		Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0417U	Rare Ds Alys 335 Nuc Genes	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	7	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024
0419U	Nrpsyc Gen Seg Vrnt Aly 13	MP Criteria: Procedure/service reviewed against Medical			Moved from PA to
	1/2/2 22224	Policy Criteria. Submit for Recommended Clinical Review to			Recommended Clinical Review
		avoid post-service review.	7/1/2024	12/31/2999	07/01/2024

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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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