



**Predetermination, Post-Service Review and Non-Covered
2022 Commercial Benefit Procedure Code List
Updated November 2022**

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

Our medical policy impacts all our coverage decisions. This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes that, based on our m

Procedure Code Groups	Procedure Code Group Description
Medical Policy Criteria (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.
Experimental, Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursabl
Unlisted or Undefined	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.

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

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

Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
00104	Anesth Electroshock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
00640	Anesth Spine Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
00797	Anesth Surgery For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
01941	Anes Neuromd/Ntrvrt Crv/Thrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
01942	Anes Neuromd/Ntrvrt Lmbr/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
11055	Trim Skin Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11056	Trim Skin Lesions 2 To 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11057	Trim Skin Lesions Over 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11719	Trim Nail(S) Any Number	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11720	Debride Nail 1-4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11721	Debride Nail 6 Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11920	Correct Skin Color 6.0 Cm/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11921	Correct Skn Color 6.1-20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11922	Correct Skin Color Ea 20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11950	Tx Contour Defects 1 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11951	Tx Contour Defects 1.1-5.0Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11952	Tx Contour Defects 5.1-10Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11970	Rplcmt Tiss Xpndr Perm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11971	Rmvl Tis Xpndr Wo Insj Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11980	Implant Hormone Pellet(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11981	Insert Drug Implant Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11982	Remove Drug Implant Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
11983	Remove/Insert Drug Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15758	Free Fascial Flap Microvasc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15769	Grfg Autol Soft Tiss Dir Exc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15771	Grfg Autol Fat Lipo 50 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15772	Grfg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15773	Grfg Autol Fat Lipo 25 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15774	Gfgr Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15775	Hair Trnsp 1-15 Punch Grfts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

15776	Hair Trnsp >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15780	Dermabrasion Total Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15781	Dermabrasion Segmental Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15782	Dermabrasion Other Than Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15783	Dermabrasion Suprfl Any Site	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15788	Chemical Peel Face Epiderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15789	Chemical Peel Face Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15793	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15820	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15821	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15822	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15823	Revision Of Upper Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15824	Removal Of Forehead Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15825	Removal Of Neck Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15826	Removal Of Brow Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15828	Removal Of Face Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15829	Removal Of Skin Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15830	Exc Skin Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15832	Excise Excessive Skin Thigh	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15833	Excise Excessive Skin Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15834	Excise Excessive Skin Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15835	Excise Excessive Skin Buttck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15836	Excise Excessive Skin Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15837	Excise Excess Skin Arm/Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15838	Excise Excess Skin Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15839	Excise Excess Skin & Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15847	Exc Skin Abd Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15876	Suction Lipectomy Head&Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15877	Suction Lipectomy Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15878	Suction Lipectomy Upr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15879	Suction Lipectomy Lwr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
17106	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17107	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17108	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17340	Cryotherapy Of Skin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
17360	Skin Peel Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17380	Hair Removal By Electrolysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17999	Skin Tissue Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
19105	Cryosurg Ablate Fa Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19294	Prep Tum Cav Iort Prtl Mast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Moved to PA code list
19296	Place Po Breast Cath For Rad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Moved to PA code list
19297	Place Breast Cath For Rad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Moved to PA code list
19298	Place Breast Rad Tube/Caths	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Moved to PA code list
19300	Removal Of Breast Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19303	Mast Simple Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19316	Suspension Of Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19324	Enlarge Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
19325	Breast Augmentation W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19328	Rmvl Intact Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19330	Rmvl Ruptured Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19340	Insj Breast Implt Sm D Mast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19342	Insj/Rplcmt Brst Implt Sep D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19350	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19357	Tiss Xpndr Plmt Brst Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19366	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
19370	Revj Peri-Implt Capsule Brst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19371	Peri-Implt Capslc Brst Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19380	Revj Reconstructed Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19396	Design Custom Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19499	Breast Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
20527	Inj Dupuytren Cord W/Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20560	Ndl Insj W/O Njx 1 Or 2 Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
20561	Ndl Insj W/O Njx 3+ Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
20693	Adjust Bone Fixation Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20694	Remove Bone Fixation Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20696	Comp Multiplane Ext Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20697	Comp Ext Fixate Strut Change	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20930	Sp Bone Algrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20931	Sp Bone Algrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20932	Osteoart Algrft W/Surf & B0	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20933	Hemictr Intrclry Algrft Prtl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20934	Intercalary Algrft Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20936	Sp Bone Agrft Local Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20937	Sp Bone Agrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20938	Sp Bone Agrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20974	Electrical Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20975	Electrical Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20979	Us Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20982	Ablate Bone Tumor(S) Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20983	Ablate Bone Tumor(S) Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20985	Cptr-Asst Dir Ms Px	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
20999	Musculoskeletal Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
21010	Incision Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21025	Excision Of Bone Lower Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21026	Excision Of Facial Bone(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21050	Removal Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21060	Remove Jaw Joint Cartilage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21070	Remove Coronoid Process	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21073	Mnpj Of Tmj W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21083	Prepare Face/Oral Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21085	Prepare Face/Oral Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21089	Prepare Face/Oral Prosthesis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
21110	Interdental Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

21120	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21121	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21122	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21123	Reconstruction Of Chin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21141	Lefort I-1 Piece W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21142	Lefort I-2 Piece W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21143	Lefort I-3/> Piece W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21146	Lefort I-2 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21147	Lefort I-3/> Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21150	Lefort II Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21151	Lefort II W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21154	Lefort III W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21155	Lefort III W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21159	Lefort III W/Fhdw/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21160	Lefort III W/Fhd W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21188	Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21193	Reconst Lwr Jaw W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21194	Reconst Lwr Jaw W/Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21195	Reconst Lwr Jaw W/O Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21196	Reconst Lwr Jaw W/Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21198	Reconstr Lwr Jaw Segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21199	Reconstr Lwr Jaw W/Advance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21210	Face Bone Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21215	Lower Jaw Bone Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21240	Reconstruction Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21242	Reconstruction Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21243	Reconstruction Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21244	Reconstruction Of Lower Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21245	Reconstruction Of Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21246	Reconstruction Of Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21248	Reconstruction Of Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
21282	Revision Of Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
21299	Cranio/Maxillofacial Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
21480	Reset Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21485	Reset Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21490	Repair Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21499	Head Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21740	Reconstruction Of Sternum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/15/2022	-	Add effective 01/15/2022
21742	Repair Stern/Nuss W/O Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/15/2022	-	Add effective 01/15/2022
21743	Repair Sternum/Nuss W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/15/2022	-	Add effective 01/15/2022

21899	Neck/Chest Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
22505	Manipulation Of Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22510	Perq Cervicothoracic Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22511	Perq Lumbosacral Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22512	Vertebroplasty Addl Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22513	Perq Vertebral Augmentation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22514	Perq Vertebral Augmentation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22515	Perq Vertebral Augmentation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
22526	Idet Single Level	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
22526	Idet Single Level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22527	Idet 1 Or More Levels	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
22527	Idet 1 Or More Levels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22533	Lat Lumbar Spine Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22534	Lat Thor/Lumb Addl Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22548	Neck Spine Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22551	Neck Spine Fuse&Remov Bel C2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22552	Addl Neck Spine Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22554	Neck Spine Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22558	Lumbar Spine Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22585	Additional Spinal Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22586	Prescri Fuse W/ Instr L5-S0	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
22590	Spine & Skull Spinal Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22595	Neck Spinal Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22600	Neck Spine Fusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021
22612	Lumbar Spine Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22614	Spine Fusion Extra Segment	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22630	Lumbar Spine Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22632	Spine Fusion Extra Segment	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22633	Lumbar Spine Fusion Combined	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22634	Spine Fusion Extra Segment	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22800	Post Fusion <6 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22802	Post Fusion 7-12 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22804	Post Fusion 13/> Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22808	Ant Fusion 2-3 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22810	Ant Fusion 4-7 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22812	Ant Fusion 8/> Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22840	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22841	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22842	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22843	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22844	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22845	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22846	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22847	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22848	Insert Pelv Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22853	Insj Biomechanical Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22854	Insj Biomechanical Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22856	Cerv Artific Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22857	Lumbar Artif Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22858	Second Level Cer Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22859	Insj Biomechanical Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22861	Revise Cerv Artific Disc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22862	Revise Lumbar Artif Disc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22864	Remove Cerv Artif Disc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22865	Remove Lumb Artif Disc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
22867	Insj Stablj Dev W/Dcmprn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
22867	Insj Stablj Dev W/Dcmprn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22868	Insj Stablj Dev W/Dcmprn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
22868	Insj Stablj Dev W/Dcmprn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22869	Insj Stablj Dev W/O Dcmprn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
22869	Insj Stablj Dev W/O Dcmprn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22870	Insj Stablj Dev W/O Dcmprn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023

22870	Insj Stabl Dev W/O Dcmprn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
22899	Spine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
22999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
23929	Shoulder Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
24300	Manipulate Elbow W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
24999	Upper Arm/Elbow Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
25259	Manipulate Wrist W/Anesthes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022	Retire effective 06/30/2022
25999	Forearm Or Wrist Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
26340	Manipulate Finger W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022	Retire effective 06/30/2022
26341	Manipulat Palm Cord Post Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
26989	Hand/Finger Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
27096	Inject Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27275	Manipulation Of Hip Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27279	Arthrodesis Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27280	Fusion Of Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27299	Pelvis/Hip Joint Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
27412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27415	Osteochondral Knee Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27416	Osteochondral Knee Autograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27570	Fixation Of Knee Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022	Retire effective 06/30/2022
27599	Leg Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
27702	Reconstruct Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27703	Reconstruction Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27704	Removal Of Ankle Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
27860	Fixation Of Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022	Retire effective 06/30/2022
27899	Leg/Ankle Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
28446	Osteochondral Talus Autogrt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
28890	Hi Enrgy Eswt Plantar Fascia	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
28899	Foot/Toes Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
29799	Casting/Strapping Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
29800	Jaw Arthroscopy/Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29804	Jaw Arthroscopy/Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29862	Hip Arthr0 W/Debridement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
29866	Autgrft Implnt Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29867	Allgrft Implnt Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29868	Meniscal Trnspl Knee W/Scpe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29914	Hip Arthro W/Femoroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29915	Hip Arthro Acetabuloplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29916	Hip Arthro W/Labral Repair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
29999	Arthroscopy Of Joint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
30120	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30150	Partial Removal Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30400	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30410	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30420	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30430	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
30435	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

30450	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
30468	Rpr Nsl Vlv Collapse W/Implt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
30468	Rpr Nsl Vlv Collapse W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	Retired
30801	INSJ PERQ VAD R HRT VENOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
30802	RMVL PERQ RIGHT HEART VAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
30999	Nasal Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
31295	Nsl/Sins Ndisc Surg Max Sins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31296	Nsl/Sins Ndisc Surg Frnt Sins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31297	Nsl/Sins Ndisc Surg Sphn Sins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31298	Nsl/Sins Ndisc Surg Frnt&Sphn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31299	Sinus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
31599	Larynx Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
31634	Bronch W/Balloon Occlusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31647	Bronchial Valve Init Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
31648	Bronchial Valve Remov Init	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31649	Bronchial Valve Remov Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31651	Bronchial Valve Addl Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
31660	Bronch Thermoplasty 1 Lobe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31661	Bronch Thermoplasty 2/> Lobes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31899	Airways Surgical Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
32553	Ins Mark Thor For Rt Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32701	Thorax Stereo Rad Targetw/Tx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Moved to PA code list
32850	Donor Pneumonectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32851	Lung Transplant Single	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32852	Lung Transplant With Bypass	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32853	Lung Transplant Double	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32854	Lung Transplant With Bypass	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32855	Prepare Donor Lung Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32856	Prepare Donor Lung Double	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32994	Ablate Pulm Tumor Perq Crybl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32998	Ablate Pulm Tumor Perq Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
32999	Chest Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
33202	Insert Epicard Eltrd Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33203	Insert Epicard Eltrd Endo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33211	Insert Card Electrodes Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33213	Insert Pulse Gen Dual Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33216	Insert 1 Electrode Pm-Defib	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33217	Insert 2 Electrode Pm-Defib	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33218	Repair Lead Pace-Defib One	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33220	Repair Lead Pace-Defib Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33223	Relocate Pocket For Defib	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33224	Insert Pacing Lead & Connect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33225	L Ventric Pacing Lead Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33230	Insrt Pulse Gen W/Dual Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33231	Insrt Pulse Gen W/Mult Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33240	Insrt Pulse Gen W/Singl Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33241	Remove Pulse Generator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33243	Remove Eltrd/Thoracotomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33244	Remove Eltrd Transvenously	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021

33249	Insj/Rplcmt Defib W/Lead(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33262	Rmvl& Replc Pulse Gen 1 Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33263	Rmvl & Rplcmt Dfb Gen 2 Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33264	Rmvl & Rplcmt Dfb Gen Mit Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33267	Excl Laa Open Any Method	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33268	Excl Laa Opn Oth Px Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33269	Excl Laa Thrsch Any Method	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33270	Ins/Rep Subq Defibrillator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33271	Insj Subq Impltbl Dfb Elctrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33272	Rmvl Of Subq Defibrillator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33273	Repos Prev Impltbl Subq Dfb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
33274	Tcat Insj/Rpl Perm Ldls Pm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33275	Tcat Rmvl Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33285	Insj Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33286	Rmvl Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33289	Tcat Impl Wrls P-Art Prs Snr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33340	Perq Clsr Tcat L At Aprndge	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33361	Replace Aortic Valve Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33362	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33363	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33364	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33365	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33366	Trcath Replace Aortic Valve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33367	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33368	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33369	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33370	Tcat Plmt&Rmvl Cepd Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33418	Repair Tcat Mitral Valve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33419	Repair Tcat Mitral Valve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33477	Implant Tcat Pulm Vlv Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33542	Removal Of Heart Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33548	Restore/Remodel Ventricle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33894	Evasc St Rpr Thrc/Aa Acrs Br	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33895	Evasc St Rpr Thrc/Aa X Crsg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33897	Perq Trluml Angp Nt/Recr Coa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33927	Impltj Tot Rplcmt Hrt Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33928	Rmvl & Rplcmt Tot Hrt Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33929	Rmvl Rplcmt Hrt Sys F/Trnspl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33930	Removal Of Donor Heart/Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33933	Prepare Donor Heart/Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33935	Transplantation Heart/Lung	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
33940	Removal Of Donor Heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33944	Prepare Donor Heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33945	Transplantation Of Heart	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
33975	Implant Ventricular Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33976	Implant Ventricular Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33977	Remove Ventricular Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

33978	Remove Ventricular Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33979	Insert Intracorporeal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33980	Remove Intracorporeal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33981	Replace Vad Pump Ext	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33982	Replace Vad Intra W/O Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33983	Replace Vad Intra W/Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33990	Insj Perq Vad L Hrt Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33991	Insj Perq Vad L Hrt Artl&Ven	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33992	Rmvl Perq Left Heart Vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33993	Reposq Perq R/L Hrt Vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33995	Insj Perq Vad R Hrt Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33997	Rmvl Perq Right Heart Vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33999	Cardiac Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
36260	Insertion Of Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
36261	Revision Of Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2022	Add effective 04/01/2021; Retire effective 08/14/2022
36262	Removal Of Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
36299	Vessel Injection Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
36465	Njx Noncmpnd Scrsnt 1 Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36466	Njx Noncmpnd Scrsnt Mlt Vn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36468	Njx Scrsnt Spider Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36470	Njx Scrsnt 1 Incmptnt Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36471	Njx Scrsnt Mlt Incmptnt Vn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36473	Endovenous Mchnchem 1St Vein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
36474	Endovenous Mchnchem Add-On	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
36475	Endovenous Rf 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36476	Endovenous Rf Vein Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36478	Endovenous Laser 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36479	Endovenous Laser Vein Addon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36482	Endoven Ther Chem Adhes 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36483	Endoven Ther Chem Adhes Sbsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36511	Apheresis Wbc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36516	Apheresis Immunoads Slctv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36522	Photopheresis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36563	Insert Tunneled Cv Cath	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
37215	Transcath Stent Cca W/Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37216	Transcath Stent Cca W/O Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37217	Stent Placemt Retro Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37218	Stent Placemt Ante Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37241	Vasc Embolize/Occlude Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37242	Vasc Embolize/Occlude Artery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37243	Vasc Embolize/Occlude Organ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37244	Vasc Embolize/Occlude Bleed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37500	Endoscopy Ligate Perf Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
37700	Revise Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37718	Ligate/Strip Short Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37722	Ligate/Strip Long Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

37735	Removal Of Leg Veins/Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37760	Ligate Leg Veins Radical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37761	Ligate Leg Veins Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37765	Stab Phleb Veins Xtr 10-19	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37766	Phleb Veins - Extrem 20+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37780	Revision Of Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37785	Ligate/Divide/Excise Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37788	Revascularization Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37790	Penile Venous Occlusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37799	Vascular Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
38129	Laparoscope Proc Spleen	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
38204	BI Donor Search Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38205	Harvest Allogeneic Stem Cell	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38206	Harvest Auto Stem Cells	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/31/2021	Moved to PA code list
38207	Cryopreserve Stem Cells	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38208	Thaw Preserved Stem Cells	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38209	Wash Harvest Stem Cells	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38210	T-Cell Depletion Of Harvest	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38211	Tumor Cell Deplete Of Harvst	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38212	Rbc Depletion Of Harvest	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38213	Platelet Deplete Of Harvest	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38214	Volume Deplete Of Harvest	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38215	Harvest Stem Cell Concentrte	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38230	Bone Marrow Harvest Allogen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/31/2021	Moved to PA code list
38232	Bone Marrow Harvest Autolog	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38240	Transplt Allo Hct/Donor	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38241	Transplt Autol Hct/Donor	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/31/2021	Moved to PA code list
38242	Transplt Allo Lymphocytes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38243	Transplj Hematopoietic Boost	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38308	Incision Of Lymph Channels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
38589	Laparoscope Proc Lymphatic	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
38999	Blood/Lymph System Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
39499	Chest Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
39599	Diaphragm Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
40799	Lip Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
40899	Mouth Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
41019	Place Needles H&N For Rt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
41120	Partial Removal Of Tongue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
41512	Tongue Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
41530	Tongue Base Vol Reduction	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
41599	Tongue And Mouth Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
41899	Dental Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
42140	Excision Of Uvula	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
42145	Repair Palate Pharynx/Uvula	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
42299	Palate/Uvula Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
42699	Salivary Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
42975	Dise Eval Slip Do Brth Fix Dx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
42999	Throat Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
43192	Esophagoscop Rig Trnso Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

43201	Esoph Scope W/Submucous Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43206	Esoph Optical Endomicroscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
43210	Egd Esophagogastric Endoplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43229	Esophagoscopy Lesion Ablate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	-	Add effective 02/01/2022
43236	Uppr Gi Scope W/Submuc Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43252	Egd Optical Endomicroscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
43253	Egd Us Transmural Injxn/Mark	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43257	Egd W/Thrmal Txmnt Gerd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43270	Egd Lesion Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	-	Add effective 02/01/2022
43284	Laps Esophgl Sphnctr Agmntj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43285	Rmvl Esophgl Sphnctr Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43289	Laparoscope Proc Esoph	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
43497	Transorl Lwr Esophgl Myotomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
43499	Esophagus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement to PA code list	-	-	-
43633	Removal Of Stomach Partial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43644	Lap Gastric Bypass/Roux-En-Y	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43645	Lap Gastr Bypass Incl Sml I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43647	Lap Impl Electrode Antrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43648	Lap Revise/Remv Eltrd Antrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43659	Laparoscope Proc Stom	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
43770	Lap Place Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43771	Lap Revise Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43772	Lap Rmvl Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43773	Lap Replace Gastr Adj Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43774	Lap Rmvl Gastr Adj All Parts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43775	Lap Sleeve Gastrectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43842	V-Band Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43843	Gastroplasty W/O V-Band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43845	Gastroplasty Duodenal Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43846	Gastric Bypass For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43847	Gastric Bypass Incl Small I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43848	Revision Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43881	Impl/Redo Electrd Antrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43882	Revise/Remove Electrd Antrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43886	Revise Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43887	Remove Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43888	Change Gastric Port Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
43999	Stomach Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
44132	Enterectomy Cadaver Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44133	Enterectomy Live Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44135	Intestine Transplnt Cadaver	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
44136	Intestine Transplant Live	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
44137	Remove Intestinal Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44238	Laparoscope Proc Intestine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
44705	Prepare Fecal Microbiota	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44715	Prepare Donor Intestine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44720	Prep Donor Intestine/Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
44721	Prep Donor Intestine/Artery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

44799	Unlisted Px Small Intestine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
44899	Bowel Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
44979	Laparoscope Proc App	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
45399	Unlisted Procedure Colon	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
45499	Laparoscope Proc Rectum	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
45999	Rectum Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
46707	Repair Anorectal Fist W/Plug	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
46999	Anus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
47133	Removal Of Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47135	Transplantation Of Liver	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
47140	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47141	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47142	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47143	Prep Donor Liver Whole	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47144	Prep Donor Liver 3-Segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47145	Prep Donor Liver Lobe Split	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47146	Prep Donor Liver/Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47147	Prep Donor Liver/Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47370	Laparo Ablate Liver Tumor Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47371	Laparo Ablate Liver Cryosurg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47379	Laparoscope Procedure Liver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
47380	Open Ablate Liver Tumor Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47381	Open Ablate Liver Tumor Cryo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47382	Percut Ablate Liver Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47383	Perq Abltj Lvr Cryoablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
47399	Liver Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
47579	Laparoscope Proc Biliary	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
47999	Bile Tract Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement. Moved to PA code list	—	—	—
48160	Pancreas Removal/Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
48550	Donor Pancreatectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
48551	Prep Donor Pancreas	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
48552	Prep Donor Pancreas/Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
48554	Transpl Allograft Pancreas	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
48556	Removal Allograft Pancreas	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
48999	Pancreas Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
49329	Laparo Proc Abdm/Per/Oment	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
49411	Ins Mark Abd/Pel For Rt Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
49412	Ins Device For Rt Guide Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
49659	Laparo Proc Hernia Repair	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
49999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
50250	Cryoablate Renal Mass Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50300	Remove Cadaver Donor Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50320	Remove Kidney Living Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50323	Prep Cadaver Renal Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50325	Prep Donor Renal Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50327	Prep Renal Graft/Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50328	Prep Renal Graft/Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
50329	Prep Renal Graft/Ureteral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

50340	Removal Of Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50360	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
50365	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
50370	Remove Transplanted Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50541	Laparo Ablate Renal Cyst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50542	Laparo Ablate Renal Mass	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50547	Laparo Removal Donor Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50549	Laparoscope Proc Renal	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
50592	Perc Rf Ablate Renal Tumor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50593	Perc Cryo Ablate Renal Tum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50949	Laparoscope Proc Ureter	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
51715	Endoscopic Injection/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
51999	Laparoscope Proc Bla	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
52287	Cystoscopy Chemodenervation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
52327	Cystoscopy Inject Material	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
52441	Cystourethro W/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
52442	Cystourethro W/Addl Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
53451	Tprnl Balo Cntnc Dev Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
53452	Tprnl Balo Cntnc Dev Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
53453	Tprnl Balo Cntnc Dev Rmvl Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
53454	Tprnl Balo Cntnc Dev Adjmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
53855	Insert Prost Urethral Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
53860	Transurethral Rf Treatment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
53899	Urology Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
54125	Removal Of Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54200	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54205	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54235	Penile Injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54240	Penis Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54360	Penis Plastic Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54400	Insert Semi-Rigid Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54401	Insert Self-Contd Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54405	Insert Multi-Comp Penis Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54406	Remove Multi-Comp Penis Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54408	Repair Multi-Comp Penis Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54410	Remove/Replace Penis Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54411	Remov/Replc Penis Pros Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54415	Remove Self-Contd Penis Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54416	Remv/Repl Penis Contain Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54417	Remv/Replc Penis Pros Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54660	Revision Of Testis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
54699	Laparoscope Proc Testis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
54900	Fusion Of Spermatic Ducts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
54901	Fusion Of Spermatic Ducts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55400	Repair Of Sperm Duct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55559	Laparo Proc Spermatic Cord	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
55706	Prostate Saturation Sampling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
55860	Surgical Exposure Prostate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
55870	Electroejaculation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
55873	Cryoablate Prostate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

55874	Tprnl Plmt Biodegrdabl Matr	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
55875	Transperi Needle Place Pros	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
55876	Place Rt Device/Marker Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
55880	ABLTJ MAL PRST8 TISS HIFU	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
55899	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	—	—	Moved to PA code list
55920	Place Needles Pelvic For Rt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
55970	Sex Transformation M To F	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
55980	Sex Transformation F To M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
56700	PARTIAL REMOVAL OF HYMEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	—	—
56805	Repair Clitoris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
56810	Repair Of Perineum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57155	Insert Uteri Tandem/Ovoids	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
57156	Ins Vag Brachytx Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
57291	Construction Of Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57292	Construct Vagina With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57295	Revise Vag Graft Via Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57296	Revise Vag Graft Open Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57335	Repair Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
57426	Revise Prosth Vag Graft Lap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
58346	Insert Heyman Uteri Capsule	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
58578	Laparo Proc Uterus	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
58579	Hysteroscope Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
58674	Laps Abltj Uterine Fibroids	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
58679	Laparo Proc Oviduct-Ovary	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
58750	Repair Oviduct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
58752	Revise Ovarian Tube(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
58970	Retrieval Of Oocyte	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
58974	Transfer Of Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
58976	Transfer Of Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
58999	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
59072	Umbilical Cord Occlud W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	—	—
59074	Fetal Fluid Drainage W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	—	—
59076	Fetal Shunt Placement W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
59897	Fetal Invas Px W/Us	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
59898	Laparo Proc Ob Care/Deliver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
59899	Maternity Care Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
60659	Laparo Proc Endocrine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
60699	Endocrine Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	—	Add effective 10/01/2022
60699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
61215	Insert Brain-Fluid Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	6/30/2022	Retire effective 06/30/2022
61630	Intracranial Angioplasty	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
61635	Intracran Angioplasty W/Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
61645	Perq Art M-Thrombect &/Nfs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
61650	Evasc Pring Admn Rx Agnt 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
61651	Evasc Pring Admn Rx Agnt Add	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
61736	Litt Icr 1 Traj 1 Smpl Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	—	Add effective 01/01/2022
61737	Litt Icr Mlt Trj Mlt/Cplx Ls	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	—	Add effective 01/01/2022
61796	Srs Cranial Lesion Simple	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
61797	Srs Cran Les Simple Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
61798	Srs Cranial Lesion Complex	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
61799	Srs Cran Les Complex Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
61800	Apply Srs Headframe Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	Moved to PA code list
61850	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
61860	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

61863	Implant Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61864	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61867	Implant Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61868	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61870	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
61880	Revise/Remove Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61885	Insrt/Redo Neurostim 1 Array	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61886	Implant Neurostim Arrays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61888	Revise/Remove Neuroreceiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
62263	Epidural Lysis Mult Sessions	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	-	Add effective 08/01/2022
62263	Epidural Lysis Mult Sessions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	7/31/2022	Retire effective 07/31/2022
62264	Epidural Lysis On Single Day	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	-	Add effective 08/01/2022
62264	Epidural Lysis On Single Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	7/31/2022	Retire effective 07/31/2022
62287	Percutaneous Diskectomy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	-	Add effective 01/01/2023
62287	Percutaneous Diskectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2022	Retire effective 12/31/2022
62325	Nlx Interlaminar Crv/Thrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	12/15/2021	8/14/2022	Add effective 12/15/2021; Retire effective 08/14/2022
62327	Nlx Interlaminar Lmbr/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	12/15/2021	6/30/2022	Add effective 12/15/2021; Retire effective 06/30/2022
62350	Implant Spinal Canal Cath	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
62351	Implant Spinal Canal Cath	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
62360	Insert Spine Infusion Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
62361	Implant Spine Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
62362	Implant Spine Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
62367	Analyze Spine Infus Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2022	Add effective 04/01/2021; Retire effective 08/14/2022
62368	Analyze Sp Inf Pump W/Reprog	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	6/30/2022	Add effective 04/01/2021; Retire effective 06/30/2022
62380	Ndsc Dcmprn 1 Ntrsc Lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
63052	Lam Facet/Frmt Arthrd Lum 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
63053	Lam Facct/Frmt Arthrd Lum Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
63620	Srs Spinal Lesion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
63621	Srs Spinal Lesion Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
63650	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63655	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63661	Remove Spine Eltrd Perq Aray	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63662	Remove Spine Eltrd Plate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63663	Revise Spine Eltrd Perq Aray	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63664	Revise Spine Eltrd Plate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63685	Insrt/Redo Spine N Generator	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
63688	Revise/Remove Neuroreceiver	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64505	N Block Spenopalatine Gangl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64553	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64555	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64561	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64566	Neuroeltrd Stim Post Tibial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64568	Inc For Vagus N Elect Impl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64569	Revise/Repl Vagus N Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64570	Remove Vagus N Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64575	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64580	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64581	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64582	Opn Mplt Hpgls Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
64583	Rev/Rplct Hpgls Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
64584	Rmvl Hpgls Nstm Ary Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
64585	Revise/Remove Neuroelectrode	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64590	Insrt/Redo Pn/Gastr Stimul	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-

64595	Revise/Rmv Pn/Gastr Stimul	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
64615	Chemodenerv Musc Migraine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64624	Dstrj Nulyt Agt Gncr Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64625	Rf Abltg Nrv Nrvtg Si Jt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64628	Trml Dstrj Ios Bvn 1St 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	-	Add effective 08/01/2022
64628	Trml Dstrj Ios Bvn 1St 2 L/S	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	7/31/2022	Add effective 01/01/2022; Retire effective 07/31/2022
64629	Trml Dstrj Ios Bvn Ea Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	-	Add effective 08/01/2022
64629	Trml Dstrj Ios Bvn Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	7/31/2022	Add effective 01/01/2022; Retire effective 07/31/2022
64633	Destroy Cerv/Thor Facet Jnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64634	Destroy C/Th Facet Jnt Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64635	Destroy Lumb/Sac Facet Jnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64636	Destroy L/S Facet Jnt Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64640	Injection Treatment Of Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64716	Revision Of Cranial Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64732	Incision Of Brow Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64734	Incision Of Cheek Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64771	Sever Cranial Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
64999	Nervous System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
65710	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65730	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65750	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65755	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65756	Corneal Trnsp Endothelial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65757	Prep Corneal Endo Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65760	Revision Of Cornea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
65765	Revision Of Cornea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
65767	Corneal Tissue Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65770	Revise Cornea With Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65771	Radial Keratotomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
65772	Correction Of Astigmatism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65775	Correction Of Astigmatism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65778	Cover Eye W/Membrane	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65779	Cover Eye W/Membrane Suture	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65780	Ocular Reconst Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65785	Impltg Ntrstrml Crnl Rng Seg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66174	Translum Dil Eye Canal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66175	Trnslum Dil Eye Canal W/Stnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66179	Aqueous Shunt Eye W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66180	Aqueous Shunt Eye W/Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66183	Insert Ant Drainage Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66184	Revision Of Aqueous Shunt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66185	Revise Aqueous Shunt Eye	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66989	Xcpsl Ctrc Rmvl Cplx Insj 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
66991	Xcapsl Ctrc Rmvl Insj 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
66999	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
67027	Implant Eye Drug System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67028	Injection Eye Drug	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67221	Ocular Photodynamic Ther	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022

67225	Eye Photodynamic Ther Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
67299	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
67345	Destroy Nerve Of Eye Muscle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67399	Unlisted Px Extraocular Musc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
67599	Orbit Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
67900	Repair Brow Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67901	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67902	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67903	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67904	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67906	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67908	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67909	Revise Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67911	Revise Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67912	Correction Eyelid W/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67916	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67917	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67923	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67924	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67999	Revision Of Eyelid	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
68399	Eyelid Lining Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
68841	Insj Rx Elut Implt Lac Canal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
68899	Tear Duct System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69090	Pierce Earlobes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
69300	Revise External Ear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69399	Outer Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69705	Nps Surg Dilat Eust Tube Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69706	Nps Surg Dilat Eust Tube Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69710	Implant/Replace Hearing Aid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69711	Remove/Repair Hearing Aid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69715	Temple Bne Implnt W/Stimulat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
69716	Impltj Oi Implt Skl Tc Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69718	Revise Temple Bone Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
69719	Revj/Rplcmt Oi Implt Tc Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
69726	Rmvl Oi Implt Skl Perq Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
69727	Rmvl Oi Implt Skl Tc Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
69799	Middle Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69949	Inner Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69979	Temporal Bone Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
70554	Fmri Brain By Tech	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
70555	Fmri Brain By Phys/Psych	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74261	Ct Colonography Dx	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74262	Ct Colonography Dx W/Dye	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74263	Ct Colonography Screening	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
75571	Ct Hrt W/O Dye W/Ca Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
75894	X-Rays Transcath Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

76120	Cine/Video X-Rays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
76125	Cine/Video X-Rays Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
76390	Mr Spectroscopy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
76496	Fluoroscopic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
76497	Ct Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Removed 04/01/2021
76498	Mri Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Removed 04/01/2021
76499	Radiographic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
76873	Echograp Trans R Pros Study	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
76940	Us Guide Tissue Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
76948	Echo Guide Ova Aspiration	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
76965	Echo Guidance Radiotherapy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
76999	Echo Examination Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77013	Ct Guide For Tissue Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77022	Mri Gdn Parnchyma Tiss Abltj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
77048	Mri Breast C+ W/Cad Uni	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
77049	Mri Breast C+ W/Cad Bi	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
77089	Tbs Dxa Cal W/I&R Fx Risk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
77090	Tbs Techl Prep&Transmis Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
77091	Tbs Techl Calculation Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
77092	Tbs I&R Fx Rsk Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
77261	Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77262	Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77263	Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77293	Respirator Motion Mgmt Simul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77299	Radiation Therapy Planning	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77301	Radiotherapy Dose Plan Imrt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77316	Brachytx Isodose Plan Simple	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77317	Brachytx Isodose Intermed	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77318	Brachytx Isodose Complex	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77332	Radiation Treatment Aid(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77333	Radiation Treatment Aid(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77334	Radiation Treatment Aid(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77338	Design Mlc Device For Imrt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77399	External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77432	Stereotactic Radiation Trmt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77435	Sbrt Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77469	Io Radiation Tx Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77499	Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77790	Radiation Handling	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
77799	Radium/Radioisotope Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78099	Endocrine Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78199	Blood/Lymph Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78299	Gi Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78399	Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
78429	Myocrd Img Pet 1 Std W/Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78430	Myocrd Img Pet Rst/Strs W/Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78431	Myocrd Img Pet Rst&Strs Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78432	Myocrd Img Pet 2Rtracer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78433	Myocrd Img Pet 2Rtracer Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78434	Aqmbf Pet Rest & Rx Stress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78459	Myocrd Img Pet Single Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78491	Myocrd Img Pet 1Std Rst/Strs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78492	Myocrd Img Pet Mlt Rst&Strs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
78499	Cardiovascular Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

78599	Respiratory Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
78608	Brain Imaging (Pet)	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78609	Brain Imaging (Pet)	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78699	Nervous System Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
78799	Genitourinary Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
78800	Rp Locljz Tum 1 Area 1 D Img	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78801	Rp Locljz Tum 2+Area 1+D Img	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78802	Rp Locljz Tum Whbdy 1 D Img	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78803	Rp Locljz Tum Spect 1 Area	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78804	Rp Locljz Tum Whbdy 2+D Img	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78811	Pet Image Ltd Area	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78812	Pet Image Skull-Thigh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78813	Pet Image Full Body	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78814	Pet Image W/Ct Lmted	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78815	Pet Image W/Ct Skull-Thigh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78816	Pet Image W/Ct Full Body	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78830	Rp Locljz Tum Spect W/Ct 0	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78831	Rp Locljz Tum Spect 2 Areas	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78832	Rp Locljz Tum Spect W/Ct 1	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
78835	Rp Quan Meas Single Area	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
78999	Nuclear Diagnostic Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
79445	Nuclear Rx Intra-Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/15/2021	–	Add effective 04/15/2021
79999	Nuclear Medicine Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
80145	Drug Assay Adalimumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
80220	Drug Asy Hydroxychloroquine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
80230	Drug Assay Infliximab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
80280	Drug Assay Vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
80299	Quantitative Assay Drug	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
81099	Urinalysis Test Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
81105	Hpa-1 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81106	Hpa-2 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81107	Hpa-3 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81108	Hpa-4 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81109	Hpa-5 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81110	Hpa-6 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81111	Hpa-9 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81112	Hpa-15 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81120	Idh1 Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81121	Idh2 Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81121	Dmd Dup/Delet Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81168	Ccnd1/igh Translocation Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81170	Abi1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81175	Asx1 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81176	Asx1 Gene Target Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81177	Atn1 Gene Detc Abnor Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81184	Cacna1A Gene Detc Abnor Allel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81188	Cstb Gene Detc Abnor Allele	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81191	Ntrk1 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81192	Ntrk2 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81193	Ntrk3 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81194	Ntrk Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81200	Aspa Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81205	Bckdhh Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81206	Bcr/Abi1 Gene Major Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81207	Bcr/Abi1 Gene Minor Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81208	Bcr/Abi1 Gene Other Bp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81209	Blm Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81210	Braf Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81218	Cebpa Gene Full Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81219	Calr Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81224	Cftr Gene Intron Poly T	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81231	Cyp3A5 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81232	Dpyd Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81235	Egfr Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list

81236	Ezh2 Gene Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81237	Ezh2 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81238	F9 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81240	F2 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81241	F5 Gene	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81242	Fancg Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81243	Fmr1 Gene Detection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81244	Fmr1 Gene Charac Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81245	Flt3 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81246	Flt3 Gene Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81247	G6Pd Gene Alys Cmn Variant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81249	G6Pd Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81250	G6Pc Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81251	Gba Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81254	Gjb6 Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81255	Hexa Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81256	Hfe Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81257	Hba1/Hba2 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81259	Hba1/Hba2 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81260	Ikbkap Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81261	Igh Gene Rearrange Amp Meth	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81262	Igh Gene Rearrang Dir Probe	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81263	Igh Vari Regional Mutation	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81264	Igk Rearrangebn Clonal Pop	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81265	Str Markers Specimen Anal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81266	Str Markers Spec Anal Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81269	Hba1/Hba2 Gene Dup/Del Vrnsts	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81270	Jak2 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81271	Htt Gene Detc Abnor Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81272	Kit Gene Targeted Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81273	Kit Gene Alys D816 Variant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81274	Htt Gene Charac Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81275	Kras Gene Variants Exon 1	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81276	Kras Gene Addl Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81278	Igh@Bcl2 Translocation Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81279	Jak2 Gene Trgt Sequence Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81283	Ifnl3 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81287	Mgmt Gene Prmrtr Mthlytn Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81288	Mlh1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81290	Mcoln1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81309	Pik3Ca Gene Trgt Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81310	Npm1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81311	Nras Gene Variants Exon 2&2	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81314	Pdgfra Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81315	Pml/Raralpha Com Breakpoints	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81316	Pml/Raralpha 1 Breakpoint	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81324	Pmp22 Gene Dup/Del	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81328	Sloc181 Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81329	Smn1 Gene Dos/Deletion Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81330	Smpd1 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81332	Serpina1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81334	Runx1 Gene Targeted Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81335	Tpmt Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81338	Mpl Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81339	Mpl Gene Seq Alys Exon 10	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81340	Trb@ Gene Rearrange Amplify	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81341	Trb@ Gene Rearrange Dirprobe	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81342	Trg Gene Rearrangement Anal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81343	Ppp2R2B Gen Detc Abnor Allel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81344	Tbp Gene Detc Abnor Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81345	Tert Gene Targeted Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81346	Tyms Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81347	Sf3B1 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81348	Srsf2 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81349	Cytog Alys Chrm1 Abnr Lw-Ps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; Moved to PA list
81352	Tp53 Gene Trgt Sequence Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81357	U2Af1 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81360	Zrsr2 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
81361	Hbb Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81363	Hbb Gene Dup/Del Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81364	Hbb Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81420	Fetal Chrmoml Aneuploidy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81448	Hrdtry Perph Neurphy Panel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81479	Unlisted Molecular Pathology	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	Moved to PA code list
81490	Autoimmune Rheumatoid Arthr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81500	Onco (Ovar) Two Proteins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021

81503	Onco (Ovar) Five Proteins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81507	Fetal Aneuploidy Trisom Risk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
81520	Onc Breast Mrna 58 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81523	Onc Brst Mrna 70 Cnt 31 Gene	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; Moved to PA list
81535	Oncology Gynecologic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81536	Oncology Gynecologic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81538	Oncology Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81539	Oncology Prostate Prob Score	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
81551	Onc Prostate 3 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
81560	Trnsplj Pd Lvr&Bwl Cd154+CLI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
81599	Unlisted Maaa	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	Moved to PA code list
82523	Collagen Crosslinks	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
82653	El-1 Fecal Quantitative	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
82777	Galectin-2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
83006	Growth Stimulation Gene 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
83521	Ig Light Chains Free Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	6/30/2022	Add effective 01/01/2022; Retire effective 06/30/2022
83529	Asay Of Interleukin-6 (Il-6)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
83695	Assay Of Lipoprotein(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83698	Assay Lipoprotein Pla1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83701	Lipoprotein Bld Hr Fraction	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83704	Lipoprotein Bld Quan Part	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83722	Lipoprtn Dir Meas Sd Ldl Chl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83937	Assay Of Osteocalcin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
83987	Exhaled Breath Condensate	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
84112	Eval Amniotic Fluid Protein	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
84431	Thromboxane Urine	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
84999	Clinical Chemistry Test	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	Moved to PA code list
85999	Hematology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
86001	Allergen Specific Igg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
86051	Aquaporin-4 Antb Elisa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86052	Aquaporin-4 Antb Cba Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86053	Aqaprn-4 Antb Flo Cytmttry Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86152	Cell Enumeration & Id	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
86153	Cell Enumeration Phys Interp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
86294	Immunoassay Tumor Qual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
86343	Leukocyte Histamine Release	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
86353	Lymphocyte Transformation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
86362	Mog-Igg1 Antb Cba Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86363	Mog-Igg1 Antb Flo Cytmttry Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86386	Nuclear Matrix Protein 21	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
86486	Skin Test Nos Antigen	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
86596	Voltage-Gtd Ca Chnl Antb Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
86849	Immunology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
86910	Blood Typing Paternity Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
86911	Blood Typing Antigen System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
86950	Leukocyte Transfusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
86999	Transfusion Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
87505	Nfct Agent Detection Gi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	–	Add effective 05/01/2021

87506	Iadna-Dna/Rna Probe Tq 6-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	—	Add effective 05/01/2021
87507	Iadna-Dna/Rna Probe Tq 12-24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
87797	Detect Agent Nos Dna Dir	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
87798	Detect Agent Nos Dna Amp	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
87799	Detect Agent Nos Dna Quant	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
87899	Agent Nos Assay W/Optic	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
87999	Microbiology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
88000	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88005	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88007	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. 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.	—	—	—
88016	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88020	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88025	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88027	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88028	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88029	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88036	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88037	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88040	Forensic Autopsy (Necropsy)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
88099	Necropsy (Autopsy) Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
88120	Cytp Urne 3-5 Probes Ea Spec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88121	Cytp Urine 3-5 Probes Cmptr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88199	Cytopathology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
88240	Cell Cryopreserve/Storage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88241	Frozen Cell Preparation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88245	Chromosome Analysis 20-24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88248	Chromosome Analysis 50-99	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88249	Chromosome Analysis 100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88261	Chromosome Analysis 5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88263	Chromosome Analysis 45	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88264	Chromosome Analysis 20-24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88271	Cytogenetics Dna Probe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88272	Cytogenetics 3-4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88273	Cytogenetics 10-29	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88274	Cytogenetics 25-98	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88275	Cytogenetics 100-299	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88283	Chromosome Banding Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88285	Chromosome Count Additional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88289	Chromosome Study Additional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88291	Cyto/Molecular Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88299	Cytogenetic Study	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
88363	Xm Archive Tissue Molec Anal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
88375	Optical Endomicroscopy Interp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
88399	Surgical Pathology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
88749	In Vivo Lab Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
89240	Pathology Lab Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
89250	Cultr Oocyte/Embryo <4 Days	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	1/14/2022	—
89250	Cultr Oocyte/Embryo <4 Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	—	Add effective 01/15/2022
89251	Cultr Oocyte/Embryo <4 Days	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	1/14/2022	—
89251	Cultr Oocyte/Embryo <4 Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	—	Add effective 01/15/2022
89253	Embryo Hatching	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	1/14/2022	—
89253	Embryo Hatching	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	—	Add effective 01/15/2022

89254	Oocyte Identification	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89255	Prepare Embryo For Transfer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89257	Sperm Identification	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
89258	Cryopreservation Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89259	Cryopreservation Sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89260	Sperm Isolation Simple	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
89261	Sperm Isolation Complex	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89264	Identify Sperm Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89268	Insemination Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89272	Extended Culture Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89280	Assist Oocyte Fertilization	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89281	Assist Oocyte Fertilization	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89290	Biopsy Oocyte Polar Body	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
89291	Biopsy Oocyte Polar Body	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
89329	Sperm Evaluation Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89330	Evaluation Cervical Mucus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89331	Retrograde Ejaculation Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89335	Cryopreserve Testicular Tiss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89337	Cryopreservation Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89342	Storage/Year Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89343	Storage/Year Sperm/Semen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89344	Storage/Year Reprod Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89346	Storage/Year Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89352	Thawing Cryopresrvd Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89353	Thawing Cryopresrvd Sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89354	Thaw Cryoprsrvd Reprod Tiss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
89356	Thawing Cryopresrvd Oocyte	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, may be subject to contract/clinical review.	—	—	—
90283	Human Ig Iv	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
90284	Human Ig Sc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
90287	Botulinum Antitoxin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90288	Botulism Ig Iv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90378	Rsv Mab Im 50Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
90393	Vaccina Ig Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90399	Immune Globulin	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
90476	Adenovirus Vaccine Type 4	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90477	Adenovirus Vaccine Type 7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90584	Dengue vaccine quadrivalent live 2 dose schedule for subcutaneous use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	7/1/2022	—	Add effective 07/01/2022
90626	Tic-Brn Enceph Vac 0.25MI Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	6/30/2022	Add effective 07/01/2021; Retire effective 06/30/2022
90627	Tic-Brn Enceph Vac 0.5MI Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	6/30/2022	Add effective 07/01/2021; Retire effective 06/30/2022
90664	Laiv Vacc Pandemic Intranasl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90671	Pcv15 Vaccine Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	7/15/2021	Add effective 07/01/2021; Retired effective 07/15/2022
90676	Rabies Vaccine Id	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90749	Vaccine Toxoid	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
90759	Hep B Vac 3Ag 10Mcg 3 Doses Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022; Retire effective 06/30/2022
90846	Family Psytch W/O Pt 50 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90867	Tcranial Magn Stim Tx Plan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
90868	Tcranial Magn Stim Tx Deli	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
90869	Tcran Magn Stim Redetermine	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
90870	Electroconvulsive Therapy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
90875	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
90876	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	6/30/2022	Retire effective 06/30/2022
90882	Environmental Manipulation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90885	Psy Evaluation Of Records	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90887	Consultation With Family	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90889	Preparation Of Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
90899	Psychiatric Service/Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
90901	Biofeedback Train Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
90912	Bfb Training 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
90913	Bfb Training Ea Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
90999	Dialysis Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
91034	Gastroesophageal Reflux Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

91035	G-Esoph ReflX Tst W/Electrod	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
91037	Esoph Imped Function Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
91038	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
91065	Breath Hydrogen/Methane Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
91110	Gi Tract Capsule Endoscopy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
91111	Esophageal Capsule Endoscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
91112	Gi Wireless Capsule Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
91113	Gi Trc Img Intral Colon I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	-	Add effective 01/01/2023
91113	Gi Trc Img Intral Colon I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	12/31/2022	Retire effective 12/31/2022; Add effective 01/01/2022
91117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
91132	Electrogastrography	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
91133	Electrogastrography W/Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
91299	Gastroenterology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
92065	Orthoptic/Pleoptic Training	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92132	Cmptr Ophth Dx Img Ant Segmt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
92145	Corneal Hysteresis Deter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
92229	IMG RTA DETC/MNTR DS POC ALY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	Retire effective 10/15/2022
92273	Full Field Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92274	Multifocal Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92499	Eye Service Or Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
92512	Nasal Function Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
92517	VEMP TEST I&R CERVICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
92517	VEMP TEST I&R CERVICAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	Retired
92518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
92518	VEMP TEST I&R OCULAR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	Retired
92519	VEMP TST I&R CERVICAL&OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
92519	VEMP TST I&R CERVICAL&OCULAR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	Retired
92546	Sinusoidal Rotational Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92548	Cdp-Sot 6 Cond W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
92559	Group Audiometric Testing	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
92585	Auditor Evoke Potent Compre	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
92586	Auditor Evoke Potent Limit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
92590	Hearing Aid Exam One Ear	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92591	Hearing Aid Exam Both Ears	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92592	Hearing Aid Check One Ear	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92593	Hearing Aid Check Both Ears	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92594	Electro Hearng Aid Test One	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92595	Electro Hearng Aid Tst Both	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
92596	Ear Protector Evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92601	Cochlear Implt F/Up Exam <6	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92602	Reprogram Cochlear Implt <6	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92603	Cochlear Implt F/Up Exam 7>	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92604	Reprogram Cochlear Implt 7>	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92605	Ex For Nonspeech Device Rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92606	Non-Speech Device Service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92607	Ex For Speech Device Rx 1Hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92608	Ex For Speech Device Rx Addl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92609	Use Of Speech Device Service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92618	Ex For Nonspeech Dev Rx Add	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
92633	Aud Rehab Postling Hear Loss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92640	Aud Brainstem Implt Programg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92700	Ent Procedure/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

92974	Cath Place Cardio Brachytx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92978	Endoluminl Ivus Oct C 15t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
92979	Endoluminl Ivus Oct C Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93025	Microvolt T-Wave Assess	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93050	Art Pressure Waveform Analys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
93228	Remote 30 Day Ecg Rev/Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93229	Remote 30 Day Ecg Tech Supp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93241	Ext Ecg>48Hr<7D Rec Scan A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93242	Ext Ecg>48Hr<7D Recording	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93243	Ext Ecg>48Hr<7D Scan A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93244	Ext Ecg>48Hr<7D Rev&Interpj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93245	Ext Ecg>7D<15D Rec Scan A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93246	Ext Ecg>7D<15D Recording	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93247	Ext Ecg>7D<15D Scan A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93248	Ext Ecg>7D<15D Rev&Interpj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
93260	Pgrmg Dev Eval Impltbl Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93261	Interrogate Subq Defib	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93264	Rem Mntr Wrls P-Art Prs Snr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93278	Ecg/Signal-Averaged	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93282	Pgrmg Eval Implantable Dfb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93283	Pgrmg Eval Implantable Dfb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93284	Pgrmg Eval Implantable Dfb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93285	Pgrmg Dev Eval Scrms Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93287	Peri-Px Device Eval & Prgr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93289	Interrog Device Eval Heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93290	Interrog Dev Eval Icpms Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93291	Interrog Dev Eval Scrms Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93295	Dev Interrog Remote 1/2/Mlt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93296	Rem Interrog Evi Pm/lds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93297	Rem Interrog Dev Eval Icpms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93298	Rem Interrog Dev Eval Scrms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93319	3D Echo Img Cgen Car Anomal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
93356	Myocrd Strain Img Spckl Trck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93580	Transcath Closure Of Asd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93640	Evaluation Heart Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93641	Electrophysiology Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93642	Electrophysiology Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93644	Electrophysiology Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93660	Tilt Table Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93668	Peripheral Vascular Rehab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
93701	Bioimpedance Cv Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93702	Bis Xtracell Fluid Analysis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
93740	Temperature Gradient Studies	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
93750	Interrogation Vad In Person	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93799	Cardiovascular Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
93895	Carotid Intima Atheroma Eval	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
93998	Noninvas Vasc Dx Study Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

94005	Home Vent Mgmt Supervision	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2020	Retire effective 12/31/2020
94014	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
94015	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
94016	Review Patient Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
94452	Hast W/Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
94453	Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
94669	Mechanical Chest Wall Oscill	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
94799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
95027	Icut Allergy Titrate-Airborn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95060	Eye Allergy Tests	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
95065	Nose Allergy Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
95199	Allergy Immunology Services	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
95249	Cont Gluc Mntr Pt Prov Eqp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95700	Eeg Cont Rec W/Vid Eeg Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95705	Eeg W/O Vid 2-12 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95709	Eeg W/O Vid Ea 12-26Hr Intmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95711	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95712	Veeg 2-12 Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95714	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95715	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95716	Veeg Ea 12-26Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95720	Eeg Phy/Qhp Ea Incr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95726	Eeg Phy/Qhp>84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95782	Polysom <6 Yrs 4/> Paramtrs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2021	–	Add effective 06/15/2021
95783	Polysom <6 Yrs Cpap/Bilvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2021	–	Add effective 06/15/2021
95800	Slp Stdy Unattended	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	11/30/2021	Retire effective 11/30/2021
95801	Slp Stdy Unatnd W/Anal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	11/30/2021	Retire effective 11/30/2021
95803	Actigraphy Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95805	Multiple Sleep Latency Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95807	Sleep Study Attended	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
95808	Polysom Any Age 1-3> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
95810	Polysom 6/> Yrs 4/> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
95811	Polysom 6/>Yrs Cpap 4/> Parm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
95836	Ecog Impltd Brn Npgt <30 D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95905	Motor &/ Sens Nrvs Cndj Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
95921	Autonomic Nrv Parasymp Inervj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
95922	Autonomic Nrv Adrenrg Inervj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

95923	Autonomic Nrv Syst Funj Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95924	Ans Parasymp & Symp W/Tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95925	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95926	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95927	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95930	Visual Ep Test Cns W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95938	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95940	Ionm In Operatng Room 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95941	Ionm Remote>1 Pt Or Per Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95943	Parasymp&Symp Hrt Rate Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	9/15/2021	12/31/2021	Retired effective 12/31/2021
95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95961	Electrode Stimulation Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95962	Electrode Stim Brain Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95965	Meg Spontaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95966	Meg Evoked Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95967	Meg Evoked Each Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95970	Alys Npgt W/O Prgrmg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
95971	Alys Smpl Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
95972	Alys Cplx Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
95976	Alys Smpl Cn Npgt Prgrmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95977	Alys Cplx Cn Npgt Prgrmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95980	Io Anal Gast N-Stim Init	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95981	Io Anal Gast N-Stim Subsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95982	Io Ga N-Stim Subsq W/Reprog	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95983	Alys Brn Npgt Prgrmg 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95984	Alys Brn Npgt Prgrmg Addl 14	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95999	Neurological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
96000	Motion Analysis Video/3D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96001	Motion Test W/Ft Press Meas	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96002	Dynamic Surface Emg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96003	Dynamic Fine Wire Emg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96004	Phys Review Of Motion Tests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96160	Pt-Focused Hlth Risk Assmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retire effective 12/31/2020
96170	Hlth Bhv Ivntj Fam Wo Pt 1st	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
96171	Hlth Bhv Ivntj Fam W/O Pt Ea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
96379	Ther/Prop/Diag Inj/Inf Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
96549	Chemotherapy Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
96570	Photodynmc Tx 30 Min Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96571	Photodynamic Tx Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96912	Photochemotherapy With Uv-A	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96913	Photochemotherapy Uv-A Or B	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96920	Laser Skin Disease Psoriasis Tot Area <250 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/1/2021	-	Add effective 06/01/2021
96921	Laser Skin Disease Psoriasis 250-500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/1/2021	-	Add effective 06/01/2021
96922	Laser Tx Skin >500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96931	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96932	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96933	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96934	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

96935	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
96936	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
96999	Dermatological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
97012	Mechanical Traction Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97024	Diathermy Eg Microwave	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	6/30/2021	Retire effective 06/30/2021
97039	Physical Therapy Treatment	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
97129	Ther Ivntj 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	6/30/2022	Retire effective 06/30/2022
97130	Ther Ivntj Ea Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	6/30/2022	Retire effective 06/30/2022
97139	Physical Medicine Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
97150	Group Therapeutic Procedures	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
97533	Sensory Integration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97537	Community/Work Reintegration	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
97545	Work Hardening	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
97546	Work Hardening Add-On	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
97605	Neg Press Wound Tx <=50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97606	Neg Press Wound Tx >50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97607	Neg Press Wnd Tx <=50 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97608	Neg Press Wound Tx >50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
97610	Low Frequency Non-Thermal Us	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
97799	Physical Medicine Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
98966	Hc Pro Phone Call 5-10 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
98967	Hc Pro Phone Call 11-20 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
98968	Hc Pro Phone Call 21-30 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
98970	Qnhp Ol Dig Assmt&Mgmt 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
98971	Qnhp Ol Dig Assmt&Mgmt 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
98972	Qnhp Ol Dig Assmt&Mgmt 21+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
99050	Medical Services After Hrs	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99056	Med Service Out Of Office	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99058	Office Emergency Care	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99070	Special Supplies Phys/Qhp	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99071	Patient Education Materials	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99075	Medical Testimony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99078	Group Health Education	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99080	Special Reports Or Forms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99082	Unusual Physician Travel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99174	Ocular Instrumnt Screen Bil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99177	Ocular Instrumnt Screen Bil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
99183	Hyperbaric Oxygen Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
99199	Special Service/Proc/Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
99324	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99324	Domicil/R-Home Visit New Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99325	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99325	Domicil/R-Home Visit New Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99326	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99326	Domicil/R-Home Visit New Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99327	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99327	Domicil/R-Home Visit New Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
99328	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99328	Domicil/R-Home Visit New Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99334	Domicil/R-Home Visit Est Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99334	Domicil/R-Home Visit Est Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99335	Domicil/R-Home Visit Est Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99335	Domicil/R-Home Visit Est Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99336	Domicil/R-Home Visit Est Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99336	Domicil/R-Home Visit Est Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021
99337	Domicil/R-Home Visit Est Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
99337	Domicil/R-Home Visit Est Pat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	1/1/2021	Retire effective 01/01/2021

99339	Domicil/R-Home Care Supervis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	–	Add effective 02/01/2022
99340	Domicil/R-Home Care Supervis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	–	Add effective 02/01/2022
99429	Unlisted Preventive Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/21/2021
99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/21/2021
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/21/2021
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/21/2021
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/21/2021
99452	Ntrprof Ph1/Ntrnet/Ehr Rfri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/31/2021
99458	Rem Physiol Mntr Ea Addl 19	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/31/2021
99499	Unlisted E&M Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
99500	Home Visit Prenatal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
99506	Home Visit Im Injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
99509	Home Visit Day Life Activity	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
99512	Home Visit For Hemodialysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
99600	Home Visit Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	Moved to PA code list
0002M	Liver Dis 10 Assays W/Ash	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0003M	Liver Dis 10 Assays W/Nash	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0005U	Onco Prst8 3 Gene Ur Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0017M	ONC DLBCL MRNA 20 GENES ALG	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0018M	Trnspj Rnl Meas Cd154+CI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
0023U	Onc Aml Dna Detcj/Nondetcj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0024U	Glyca Nuc Mr Spectrsc Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0025U	Tenofovir Liq Chrom Ur Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0027U	Jak2 Gene Trgt Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0040U	Bcr/Ab1 Gene Major Bp Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0046U	Fit3 Gene Itd Variants Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0049U	Npm1 Gene Analysis Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0052U	Lpoptn Bld W/5 Maj Classes	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0054T	Bone Srgy Cmptr Fluor Image	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0055T	Bone Srgy Cmptr Ct/Mri Imag	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0058T	Cryopreservation Ovary Tiss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2020	Retire effective 12/31/2020
0062U	Ai Sle Igg&Igm Alys 80 Bmrk	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0063U	Neuro Autism 32 Amines Alg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0066U	Pamg-1 Ia Cervico-Vag Fluid	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0067U	Onc Brst Imhchem Prfl 4 Bmrk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0068U	Candida Species Pnl Amp Prb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0071T	Us Leiomyomata Ablate <199	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0072T	Us Leiomyomata Ablate >199	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0075T	Perq Stent/Chest Vert Art	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0076T	S&I Stent/Chest Vert Art	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0084U	Rbc Dna Gnotyp 10 Bld Groups	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0085T	Breath Test Heart Reject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0095T	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
0096U	Hpv Hi Risk Types Male Urine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0097U	Gi Pathogen 22 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	3/31/2022	Retired effective 3/31/2022
0098T	Rev Artific Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
0098U	Respir Pathogen 14 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
0099U	Respir Pathogen 20 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
0100T	Prosth Retina Receive&Gen	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0100U	Respir Pathogen 20 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
0101T	Extracorp Shockwv Tx Hi Enrg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0102T	Extracorp Shockwv Tx Anesth	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0106T	Touch Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0106U	Gstr Emptg 7 Timed Brth Spec	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–

0107T	Vibrate Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0108T	Cool Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0108U	Gi Barrett Esoph 9 Prtn Bmrk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0109T	Heat Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0110T	Nos Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0111T	Rbc Membranes Fatty Acids	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	12/31/2020	Retire effective 12/31/2020
0119U	Crd Ceramides Liq Chrom Plsm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0126T	Chd Risk Int Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0139U	Neuro Austm Meas 6 C Metabl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	9/30/2021	Retire effective 09/30/2021
0154U	Onc Urthl Ca Rna Fgfr3 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0155U	Onc Brst Ca Dna Pik3Ca Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0163T	Lumb Artif Diskectomy Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0164T	Remove Lumb Artif Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0164U	Gi lbs Ia Anti-Cdtb&Vinculin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0165T	Revise Lumb Artif Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0165U	Peanut Allg Asmt Epi Prb All	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0168U	Ftl Aneuploidy Dna Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	Retired 09/30/2021	Moved to PA code list
0172U	Onc Sld Tum Alys Brca1 Brca2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	1/1/2021	-	-
0173U	Peanut Allg Spec Asmt 64 Epi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	-	Add effective 04/01/2021
0174U	Onc Solid Tumor 30 Prtn Trgt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0175U	Psyc Gen Alys Panel 15 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	-	Add effective 04/01/2021
0176U	Cdtb&Vinculin Igg Antb Ia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0177U	Onc Brst Ca Dna Pik3Ca 10	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0178U	Peanut Allg Asmt Epi Clin Rx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0179U	Onc Nonsm Cll Lng Ca Alys 23	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	-	Add effective 04/01/2021
0180U	Abo Gnotyp Abo 7 Exons	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0181U	Co Gnotyp Aqp1 Exon 0	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0182U	Crom Gnotyp Cd55 Exons 1-9	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0183U	Di Gnotyp Slc4A1 Exon 18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0184T	Exc Rectal Tumor Endoscopic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0184U	Do Gnotyp Art4 Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0185U	Fut1 Gnotyp Fut1 Exon 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0186U	Fut2 Gnotyp Fut2 Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0187U	Fy Gnotyp Ackr1 Exons 1-1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0188U	Ge Gnotyp Gypc Exons 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0189U	Gypa Gnotyp Ntrns 1 S Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0190U	Gypb Gnotyp Ntrns 1 S Seux 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0191T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0191U	In Gnotyp Cd44 Exons 2 3 5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0192U	Jk Gnotyp Slc14A1 Exon 8	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0193U	Jr Gnotyp Abcg2 Exons 2-25	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0194U	Kel Gnotyp Kel Exon 7	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0195U	Klf1 Targeted Sequencing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0196U	Lu Gnotyp Bcam Exon 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0197U	Lw Gnotyp Icam4 Exon 0	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0198T	Ocular Blood Flow Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0198U	Rhd&Rhce Gntyp Rhd1-10&Rhce4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0199U	Sc Gnotyp Ermap Exons 4 11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0200T	Perq Sacral Augmt Unilat Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

0200U	Xk Gnotyp Xk Exons 1-2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0201T	Perq Sacral Augmt Bilat Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0201U	Yt Gnotyp Ache Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0202T	Post Vert Arthrplst 1 Lumbar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0203U	Ai lbd Mrna Xprsn Prfl 16	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0204U	Onc Thyр Mrna Xprsn Alys 592	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0205U	Oph Amd Alys 3 Gene Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0206U	Neuro Alzheimer Cell Aggregj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0207T	Clear Eyelid Gland W/Heat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0207U	Neuro Alzheimer Quan Imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0208U	Onc Mtc Mrna Xprsn Alys 107	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	Retired 12/31/2021	Moved to PA code list
0209U	Cytog Const Alys Interrog	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0211U	Onc Pan-Tum Dna&Rna Gnrj Seq	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0212U	Rare Ds Gen Dna Alys Proband	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
0213T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0213U	Rare Ds Gen Dna Alys Ea Comp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0214T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0214U	Rare Ds Xom Dna Alys Proband	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0215T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0215U	Rare Ds Xom Dna Alys Ea Comp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0216T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0216U	Neuro Inh Ataxia Dna 12 Com	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0217T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0217U	Neuro Inh Ataxia Dna 51 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0218T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0218U	Neuro Musc Dys Dmd Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
0219T	Plmt Post Facet Implt Cerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0219U	Nfct Agt Hiv Gnrj Seq Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0220T	Plmt Post Facet Implt Thor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0220U	Onc Brst Ca Ai Assmt 12 Feat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	–	–	–
0221T	Plmt Post Facet Implt Lumb	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0222T	Plmt Post Facet Implt Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0222U	Rhd&Rhce Gntyp Next Gnrj Seq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0228T	Njx Tfrml Eprl W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
0229T	Njx Tfrml Eprl W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
0230T	Njx Tfrml Eprl W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
0231T	Njx Tfrml Eprl W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
0232T	Njx Platelet Plasma	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0242U	Trgt Gen Seq Alys Pnl 55-74	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	9/30/2021	Moved to PA code list
0243U	Ob Pe Biochem Assay Pgf Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	9/30/2021	Move to PA effective 10/01/2021Add effective
0244U	Onc Solid Orgn Dna 257 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	9/30/2021	Moved to PA code list
0245U	Onc Thyр Mut Alys 10 Gen&37	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	9/30/2021	Moved to PA code list
0246U	Rbc Dna Gnotyp 16 Bld Groups	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0247U	Ob Prtrm Brth lbp4 Shbg Meas	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	–	Add effective 04/01/2021
0248U	Onc Brn Sphrd Cll 12 Rx Pnl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
0249U	Onc Brst Alys 32 Pshprtn Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	–	Add effective 07/01/2021
0250U	Onc Sld Org Neo Dna 505 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	Retired	Add effective 07/01/2021; Moved to PA list
0251U	Hepcidin-25 Elisa Serum/Plsm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0252U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	Retired	Add effective 07/01/2021; Moved to PA list
0253T	Insert Aqueous Drain Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0253U	Rprdtve Med Rna Gen Prfl 238	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	Retired	Add effective 07/01/2021; Moved to PA list
0254U	Reprdtve Med Alys 24 Chrsmn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	Retired	Add effective 07/01/2021; Moved to PA list
0255U	Andrology Infertility Assmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
0258U	Ai Psor Mrna 50-100 Gen Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0260U	Rare Ds Id Opt Genome Mapg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list

0261U	Onc Clrct Ca Img Alys W/Ai	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
0262U	Onc Sld Tum Rt-Pcr 7 Gen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0263T	Im B1 Mrw Cel Ther Cmpl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0263U	Neuro Asd Meas 16 C Metblt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0264U	Rare Ds Id Opt Genome Mapg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0265T	Im B1 Mrw Cel Ther Hrvst Onl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0265U	Rar Do Whl Gn&Mtdrli Dna Als	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0266T	Implt/Rpl Crtd Sns Dev Total	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0266U	Unxpl Cnst Hrtbl Do Gn Xprs	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0267T	Implt/Rpl Crtd Sns Dev Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0267U	Rare Do Id Opt Gen Mapg&Seq	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0268T	Implt/Rpl Crtd Sns Dev Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0268U	Hem Ahus Gen Seq Alys 15 Gen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0269T	Rev/Remvl Crtd Sns Dev Total	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0269U	Hem Aut Dm Cgen Trmbctpna 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0270T	Rev/Remvl Crtd Sns Dev Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0270U	Hem Cgen Coagj Do 20 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0271T	Rev/Remvl Crtd Sns Dev Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0271U	Hem Cgen Neutropenia 23 Gen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0272T	Interrogate Crtd Sns Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0272U	Hem Genetic Bld Do 51 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0273T	Interrogate Crtd Sns W/Pgrmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0273U	Hem Gen Hyprfibrnllysis 8 Gen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0274T	Perq Lamot/Lam Crv/Thrc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
0274T	Perq Lamot/Lam Crv/Thrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
0274U	Hem Gen Pltlt Do 43 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0275T	Perq Lamot/Lam Lumbar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
0275T	Perq Lamot/Lam Lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
0276U	Hem Inh Thrombocytopenia 23	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0277U	Hem Gen Pltlt Funcj Do 31	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0278T	Tempr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0278U	Hem Gen Pltlt Funcj Do 31	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0281U	Hem Vwd Propeptide Ag Lvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
0282U	Rbc Dna Gntyp 12 Bld Grp Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	Retired	Add effective 10/01/2021; Moved to PA list
0285U	Onc RspS Radj Cll Fr Dna Tox	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0286U	Cep72 Nudt15&Tpmr Gene Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0287U	Onc Thyr Dna&Mrna 112 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0288U	Onc Lung Mrna Quan Pcr 11&3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0289U	Neuro Alzheimer Mrna 24 Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0290T	Laser Inc For Pkp/Lkp Recip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retired effective 12/31/2021
0290U	Pain Mgmt Mrna Gen Xprsn 36	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0291U	Psyc Mood Do Mrna 144 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0292U	Psyc Strs Do Mrna 72 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0293U	Psyc Suicidal Idea Mrna 54	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0294U	Lngvty&Mrity Rsk Mrna 18Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0295U	Onc Brst Dux Carc 7 Proteins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022

0296U	Onc Ori&/Orop Ca 20 Mlc Feat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0297U	Onc Pan Tum Whl Gen Seq Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0298U	Onc Pan Tum Whl Trns Seq Rna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0299U	Onc Pan Tum Whl Gen Opt Mapg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0300U	Onc Pan Tum Whl Gen Seq&Opt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
0303U	Hem Rbc Ads Whl Bld Hypoxic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0304U	Hem Rbc Ads Whl Bld Normoxic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0305U	Hem Rbc Fnclty&Dfrm Shr Strs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0306U	Onc Mrd Nxt-Gnrj Alys 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0307U	Onc Mrd Nxt-Gnrj Alys Sbsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0308T	Insj Ocular Telescope Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0308U	Crđ Cad Alys 3 Prtn Plsm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0309U	Crđ Cv Ds Aly 4 Prtn Plm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0310U	Ped Vsclds Kd Alys 3 Bmrks	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0311U	Nfct Ds Bct Quan Antmcrb Sc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0312T	Laps Impltj Nstimg Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0312U	Al Ds Sle Alys 8 Igđ Autoant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0313T	Laps Rmvl Nstimg Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0313U	Onc Pncrs Dna&Amp;Mrna Seq 74	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0314T	Laps Rmvl Vgl Arry&Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0314U	Onc Cutan Mlnma Mrna 35 Gene	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0315T	Rmvl Vagus Nerve Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0315U	Onc Cutan Sq Cl Ca Mrna 40	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0316T	Replc Vagus Nerve Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0316U	B Brđrferi Lyme Ds Ospa Evl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0317T	Elec Alys Vagus Nrv Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0317U	Onc Lung Ca 4-Prb Fish Assay	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0318U	Ped Whl Gen Mthyltn Alys 50+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0319U	Neph Rna Pretrnspl Perph Bld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0320U	Neph Rna Pstrnspl Perph Bld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	–	Add effective 04/01/2022
0321U	Iadna Gu Pthgn 20Bct&Amp;Fng Org	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0322U	Neuro Asđ Meas 14 Acyl Carn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
0323U	Iadna Cns Pthgn Next Gen Seq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0324U	Onc Ovar Sphrd Cell 4 Rx Pnl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0325U	Onc Ovar Sphrd Cell Parp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0326U	Trgt Gen Seq Alys Pnl 83+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	–	Add effective 07/01/2022
0327U	Ftl Aneuploidy Trsmys Dna Seq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	–	Add effective 07/01/2022
0329T	Mntr Io Press 24Hrs/> Uni/Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0329U	Onc Neo Xomeandtrns Seq Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	–	Add effective 07/01/2022
0330T	Tear Film Img Uni/Bi W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0330U	Iadna Vag Pthgn Panel 27 Org	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0331T	Heart Symp Image Plnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0331U	Onc Hl Neo Opt Gen Mapping	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement by 10/01/2022.	7/1/2022	–	Add effective 07/01/2022
0332T	Heart Symp Image Plnr Spect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0332U	ONC PAN TUM GEN PRFLG 8 DNA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	–	
0333U	ONC LVR SURVEILANC HCC CFDNA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	–	

0334U	ONC SLD ORGN TGSA DNA 84/+	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0335T	Insj Sinus Tarsi Implant	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	SUR705.027	Subtalar Arthroereisis (STA)	—
0335U	RARE DS WHL GEN SEQ FETAL	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0336U	RARE DS WHL GEN SEQ BLD/SLV	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0337U	ONC PLSM CELL DOandMYELOMA ID	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0338T	Trnscsth Renal Symp Denrv Unl	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	—
0338U	ONC SLD TUM CRCG TUM CL SLCT	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0339T	Trnscsth Renal Symp Denrv Bil	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	SUR701.030	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	—
0339U	ONC PRST8 MRNA HOXC6 and DLX1	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0340U	ONC PAN CA ALYS MRD PLASMA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0341U	FTL ANEUP DNA SEQ CMPR ALYS	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0342T	Thxp Apheresis W/Hdl Delip	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	THE802.003	Lipid Apheresis	—
0342U	ONC PNCRTC CA MULT IA ECLIA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0343U	ONC PRST8 XOM ALY 442 SNCRNA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0344U	HEP NAFLD SEMIQ EVL 28 LIPID	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0345T	Transcath Mtral Vlve Repair	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	SUR707.025	Transcatheter Mitral Valve Procedures	—
0345U	PSYC GENOM ALYS PNL 15 GEN	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0346U	BETA AMYL A740andA?42 LC-MS/MS	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0347T	Ins Bone Device For Rsa	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	—
0347U	RX METAB/PCX DNA 16 GEN ALYS	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0348T	Rsa Spine Exam	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	—
0348U	RX METAB/PCX DNA 25 GEN ALYS	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0349T	Rsa Upper Extr Exam	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	—
0349U	RX METAB/PCX DNA 27GEN RX IA	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	
0350T	Rsa Lower Extr Exam	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.054	Radiostereometric Analysis for Assessment of Orthopedic Implant Position	—
0350U	RX METAB/PCX DNA 27 GEN ALYS	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	

0351T	Intraop Oct Brst/Node Spec	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.053	Optical Coherence Tomography of the Breast	—
0351U	NFCT DS BCT/VIRAL TRAIL IP10	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	—
0352T	Oct Brst/Node I&R Per Spec	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.053	Optical Coherence Tomography of the Breast	—
0352U	NFCT DS BVandVAGINITIS AMP PRB	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	—
0353T	Intraop Oct Breast Cavity	EIU: Procedure/service not reimbursed by BCBSMT. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	RAD601.053	Optical Coherence Tomography of the Breast	—
0353U	IADNA CHLMYDandGONORR AMP PRB	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	—
0354U	HPV HI RSK QUAL MRNA E6/E7	Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	—	—
0358T	Bia Whole Body	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
0376T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	Retired	Retired effective 12/31/2021
0378T	Visual Field Assmnt Rev/Rprt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
0379T	Vis Field Assmnt Tech Suppt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
0381T	Ext H Rate Epi Sz 14 Days	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0382T	Ext H Rate Sz 14 Day Ri Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0383T	Ext H Rate Sz 15-30 Days	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0384T	Ex H Rate Sz 15-30 Day Ri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0385T	Ex H Rate For Sz Ovr 30 Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0386T	Ex H Rate Sz 30+ Day Ri Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0396T	Intraop Kinetic Balnce Sensr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	12/31/2020	Retire effective 12/31/2020
0397T	Ercp W/Optical Endomicroscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
0398T	Mrgfus Strtctc Les Abltj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0400T	Mltispectrl Digital Les Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0401T	Mltispectrl Digital Les Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0402T	Colgn Cross-Link Crn Med Sep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0404T	Trnscrvt Uterin Fibroid Abltj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0405T	Ovrsght Xtrcorp Liv Asst Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
0408T	Insj/Rplc Cardiac Modulj Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0409T	Insj/Rplc Car Modulj Pls Gn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0410T	Insj/Rplc Car Modulj Atr Elt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0411T	Insj/Rplc Car Modulj Vnt Elt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0412T	Rmvl Cardiac Modulj Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0413T	Rmvl Car Modulj Tranvns Elt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0414T	Rmvl & Rpl Car Modulj Pls Gn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0415T	Repos Car Modulj Tranvns Elt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0416T	Reloc Skin Pocket Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0417T	Prgmrg Eval Cardiac Modulj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0418T	Interro Eval Cardiac Modulj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0421T	Waterjet Prostate Abltj Cmpl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0422T	Tactile Breast Img Uni/Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
0423T	Assay Secrtory Type Ii Pla1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	Retired	Retired effective 12/31/2021
0424T	Insj/Rplc Nstim Apnea Cmpl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	—	Add effective 04/15/2022
0424T	Insj/Rplc Nstim Apnea Cmpl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	4/14/2022	Retire effective 04/14/2022
0425T	Insj/Rplc Nstim Apnea Sen Ld	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	—	Add effective 04/15/2022
0425T	Insj/Rplc Nstim Apnea Sen Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	4/14/2022	Retire effective 04/14/2022

0468T	Rmvl Ch Wal Respir Eltrd/Ra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retired effective 12/31/2021
0469T	Rta Polarize Scan Oc Scr Bi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
0470T	Oct Skn Img Acquisj I&R 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0471T	Oct Skn Img Acquisj I&R Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0472T	Prgmrng Io Rta Eltrd Ra	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0473T	Reprgrmg Io Rta Eltrd Ra	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0474T	Insj Aqueous Drg Dev Io Rsvr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0479T	Fxjl Abl Lsr 1St 100 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0480T	Fxjl Abl Lsr Ea Addl 100Sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0481T	Njx Autol Wbc Concentrate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0483T	Tmvi Percutaneous Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0484T	Tmvi Transthoracic Exposure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0485T	Oct Mid Ear I&R Unilateral	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0486T	Oct Mid Ear I&R Bilateral	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0488T	Diabetes Prev Online/Elec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2020	Retire effective 12/31/2020
0491T	Abl Lsr Opn Wnd 1St 20 Sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0492T	Abl Lsr Opn Wnd Addl 20 Sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0493T	Near Ifr Spectrsc Of Wounds	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0494T	Prep & Cannulj Cdv Don Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0495T	Mntr Cdv Don Lng 1St 2 Hrs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0496T	Mntr Cdv Don Lng Ea Addl Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0499T	Cysto F/Urtl Strix/Stenosis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0500T	Hpv 5+ Hi Risk Hpv Types	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0507T	Near Ifr 2lmg Mibmn Gind I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0508T	Pls Echo Us B1 Dns Meas Tib	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0509T	Pattern Erg W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
0509T	Pattern Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
0510T	Rmvl Sinus Tarsi Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0511T	Rmvl&Rinsj Sinus Tarsi Implt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0512T	Esw Integ Wnd Hlg 1St Wnd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0513T	Esw Integ Wnd Hlg Ea Addl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
0514T	Intraop Vis Axis Id Pt Fixj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0515T	Insj Wcs Lv Compl Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0516T	Insj Wcs Lv Eltrd Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0517T	Insj Wcs Lv Pg Compnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0518T	Rmvl Pg Compnt Wcs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0519T	Rmvl & Rplcmt Pg Compnt Wcs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0520T	Rmvl&Rplcmt Pg Wcs New Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0521T	Interrog Dev Eval Wcs Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0522T	Prgmrng Dev Eval Wcs Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0524T	Ev Cath Dir Chem Abtj W/lmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0525T	Insj/Rplcmt Compl lims	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0526T	Insj/Rplcmt lims Eltrd Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0527T	Insj/Rplcmt lims Implt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0528T	Prgmrng Dev Eval lims Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0529T	Interrog Dev Eval lims Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
0530T	Removal Complete lims	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

0531T	Removal Iims Electrode Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0532T	Removal Iims Implt Mntr Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0533T	Cont Rec Mvmt Do 6-10 Days	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0534T	Cont Rec Mvmt Do Setup&Train	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0535T	Cont Rec Mvmt Do Reprt Cnfig	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0536T	Cont Rec Mvmt Do DI W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0537T	Bld Drv T Lymphcyt Car-T Cll	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0538T	Bld Drv T Lymphcyt Prep Trns	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0539T	Receipt&Prep Car-T Cll Admn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0540T	Car-T Cll Admn Autologous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0544T	Tcat Mv Annulus Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0546T	Rf Spectrsc Ntraop Mrgn Asmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0548T	Tprnl Balo Cntnc Dev Bi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0549T	Tprnl Balo Cntnc Dev Uni	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0550T	Tprnl Balo Cntnc Dev Rmvl Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0551T	Tprnl Balo Cntnc Dev Adjmt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0552T	Low-Level Laser Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0554T	B1 Str & Fx Rsk Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0555T	B1 Str&Fx Rsk Transmis Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0556T	B1 Str & Fx Rsk Assessment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0557T	B1 Str & Fx Rsk I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0558T	Ct Scan F/Biomchn Cn Aly	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0559T	Antmc Mdl 3D Print 1St Cmpnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0560T	Antmc Mdl 3D Print Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0561T	Antmc Guide 3D Print 1St Gd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0562T	Antmc Guide 3D Print Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0563T	Evac Meibomian Gland Heat Bi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0565T	Autol Cell Implt Adps Hrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	-	Add effective 08/15/2021
0565T	Autol Cell Implt Adps Hrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2021	Retire effective 08/14/2021
0566T	Autol Cell Implt Adps Njx	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	-	Add effective 08/15/2021
0566T	Autol Cell Implt Adps Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2021	Retire effective 08/14/2021
0571T	Insj/Rplcmt Iclds Ss Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0572T	Insertion Ss Dfb Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0573T	Removal Ss Dfb Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0574T	Repos Prev Ss Impl Dfb Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0575T	Prgrmg Dev Eval Iclds Ss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0576T	Interrog Dev Eval Iclds Ss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0577T	Ephys Eval Iclds Ss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0578T	Rem Interrog Dev Iclds Phys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0579T	Rem Interrog Dev Iclds Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0580T	Rmvl Ss Impl Dfb Pg Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0581T	Abltj Mal Brst Tum Perq Crtx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0584T	Perq Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0585T	Laps Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0586T	Open Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0587T	Perq Impltj/Rplcmt Isdms Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0588T	Revision/Removal Isdms Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0589T	Elec Aly	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

0590T	Elec Alys Cplx Prgmng lins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0591T	Hlth&Wb Coaching Indiv 1St	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0592T	Hlth&Wb Coaching Indiv F-Up	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0593T	Hlth&Wb Coaching Group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0594T	Osteot Hum Xtrnl Lngth Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0595T	Rmvl Humrl Xtrnl Lngth Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0596T	Temp Fml lu Vlv-Pmp 1St Insj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0597T	Temp Fml lu Valve-Pmp Rplcmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0598T	Ncntc R-T Fluor Wnd Img 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0599T	Ncntc R-T Fluor Wnd Img Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0600T	Ire Abltj 1+Tum Organ Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0601T	Ire Abltj 1+Tumors Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0602T	Transdermal Gfr Measurements	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2021	-	-
0602T	Transdermal Gfr Measurements	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	3/31/2021	Retired
0603T	Transdermal Gfr Monitoring	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2021	-	-
0603T	Transdermal Gfr Monitoring	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	3/31/2021	Retired
0604T	Rem Oct Rta Dev Setup&Educaj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0605T	Rem Oct Rta Techl Sprt Min 7	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0606T	Rem Oct Rta Phys/Qhp Ea 30D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0607T	Rem Mntr Pulm Flu Mntr Setup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0608T	Rem Mntr Pulm Flu Mntr Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0609T	Mrs Disc Pain Acquisj Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0610T	Mrs Disc Pain Transmis Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0611T	Mrs Disc Pain Alg Alys Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0612T	Mrs Discogenic Pain I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0613T	Perq Tcat Intratrl Septl Sht	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0614T	Rmvl&Rplcmt Ss Impl Dfb Pg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0615T	Eye Mvmt Alys W/O Calbrj I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
0615T	Eye Mvmt Alys W/O Calbrj I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	Retired
0616T	Insertion Of Iris Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0617T	Insj Iris Prosth W/Rmvl&Insj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0618T	Insj Iris Prosth Sec Io Lens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0619T	Cysto W/Prst8 Commissurotomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0620T	Evasc Ven Artiz Tibl/Pnrl Vn	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0621T	Trabeculostomy Interno Laser	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0622T	Trabeculostomy Int Lsr W/Scp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0623T	Auto Quantification C Plaque	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0624T	Auto Quan C Plaq Data Prep	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0625T	Auto Quan C Plaq Cpnr Alys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0626T	Auto Quan C Plaq I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0627T	Perq Njx Algc Fluor Lmbr 1St	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0628T	Perq Njx Algc Fluor Lmbr Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0629T	Perq Njx Algc Ct Lmbr 1St	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0630T	Perq Njx Algc Ct Lmbr Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0631T	Tc Vis Lit Hyperspectral Img	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0632T	Perq Tcat Us Abltj Nrv P-Art	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0639T	Wrls Skn Snr Anisotropy Meas	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0640T	Ncntc Nr Ifr Sptcrsc Wnd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	-	Add effective 07/01/2021

0641T	Ncntc Nr Ifr Spctrsc Wnd Img	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	–	Add effective 07/01/2021
0642T	Ncntc Nr Ifr Spctrsc Wnd I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	–	Add effective 07/01/2021
0643T	Tcat L Ventr Rstrj Dev Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0644T	Tcat Rmvl/Dbk Icar Mas Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0645T	Tcat Impltj C Sins Rdtj Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0646T	Ttvi/Rplcmt W/Prstc Vlv Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0647T	Insj Gtube Perq Mag Gastrpxy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0648T	Quan Mr Alys Tiss W/O Mri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	7/1/2021	–	Moved to PA list effective 04/01/2021
0649T	Quan Mr Alys Tiss W/Mri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	7/1/2021	–	Moved to PA list effective 04/01/2021
0650T	Prgmrg Dev Eval Scrms Remote	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0651T	Mag Ctrld Capsule Endoscopy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
0651T	Mag Ctrld Capsule Endoscopy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	12/31/2022	Retire effective 12/31/2022; Add effective 07/01/2021
0652T	Egd Flx Transnasal Dx Br/Wa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0653T	Egd Flx Transnasal Bx 1/Mlt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0654T	Egd Flx Transnasal Tube/Cath	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0655T	Tprnl Focal Abltj Mal Prst8	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0656T	Vrt Bdy Tethering Ant <7 Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	–	Add effective 07/01/2021
0657T	Vrt Bdy Tethering Ant 8+ Seg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	–	Add effective 07/01/2021
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0659T	Tcat Intra-C Nfs Supersat O2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0660T	Implt Ant Sgm Io Nbio Rx Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0661T	Rmvl&Rimpltj Ant Sgm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
0664T	Don Hysterectomy Open Cdvr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0664T	Don Hysterectomy Open Cdvr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0665T	Don Hysterectomy Open Liv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0665T	Don Hysterectomy Open Liv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0666T	Don Hysterectomy Laps Liv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0666T	Don Hysterectomy Laps Liv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0667T	Don Hysterectomy Rcp Uter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0667T	Don Hysterectomy Rcp Uter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0668T	Bkbench Prep Don Uter Algrft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0668T	Bkbench Prep Don Uter Algrft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0669T	Bkbench Rcnstj Don Uter Ven	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0669T	Bkbench Rcnstj Don Uter Ven	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0670T	Bkbench Rcnstj Don Uter Artl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
0670T	Bkbench Rcnstj Don Uter Artl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
0671T	Insj Ant Sgm Aq Drg Dev 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0672T	Ndovag Cryg Rf Remdl Tiss	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
0672T	Ndovag Cryg Rf Remdl Tiss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	12/31/2022	Retire effective 12/31/2022; Add effective 01/01/2022
0673T	Abltj B9r Thy Ndul Perq Lasr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0674T	Laps Insj Nw/Rpcmt Prm Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0675T	Laps Insj Nw/Rpcmt Isdss 1Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0676T	Laps Insj Nw/Rpcmt Isdss Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0677T	Laps Repos Lead Isdss 1St Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0678T	Laps Repos Lead Isdss Ea Add	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0679T	Laps Rmvl Lead Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0680T	Insj/Rplcmt Pg Only Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022

0681T	Rlcj Pulse Gen Only Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0682T	Removal Pulse Gen Only Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0683T	Prgmg Dev Eval Isdss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0684T	Peri-Px Dev Eval Isdss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0685T	Interrog Dev Eval Isdss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0686T	Histotripsy Mal Hepatcel Tis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0687T	Tx Amblyopia Dev Setup 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0688T	Tx Amblyopia Assmt W/Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0689T	Quan Us Tis Charac W/O Dx Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0690T	Quan Us Tis Charac W/Dx Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0691T	Auto Alys Xst Ct Std Vrt Fx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0692T	Therapeutic Ultrafiltration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0693T	Compres Ful Bdy 3D Mtn Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0694T	3D Vol Img&Rcnstj Brst/Ax	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0695T	Bdy Srf Mpg Pm/Cvdfb Tm Impl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0696T	Bdy Surf Mpg Pm/Cvdfb F/Up	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0697T	Quan Mr Tis Wo Mri Mlt Orgn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0698T	Quan Mr Tiss W/Mri Mlt Orgn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0700T	Molec Fluor Img Sus Nev 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0701T	Molec Fluor Img Sus Nev Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0704T	Rem Tx Amblyopia Setup&Edu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0705T	Rem Tx Amblyopia Tech Sprr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0706T	Rem Tx Amblyopia I&R Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0707T	Njx B1 Sub Mtrl Sbchdrf Dfct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0708T	Id Ca Immntx Prep & 1St Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0709T	Id Ca Immntx Each Addl Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0710T	N-Invas Artl Plaq Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0711T	N-Nvs Artl Plaq Alys Dat Prp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0712T	N-Nvs Artl Plaq Alys Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0713T	N-Nvs Artl Plaq Alys Rvw I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
0714T	Tprnl Rn Ablt B9 Prst8 Hypr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0715T	Perq Trluml Coronry Lithotrp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0716T	Car Acous Wavfrm Rec Cad Rsk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0717T	Adrc Ther Prtl Rc Tear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0718T	Adrc Ther Prtl Rc Tear Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0719T	Pst Vrt Jt Rplcmnt Lmbr 1 Sgm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0720T	Prq Elc Nrv Stim Cn Wo Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0721T	Quan Ct Tiss Charac W/O Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0722T	Quan Ct Tiss Charac W/Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0723T	Qmrcp W/O Dx Mri Sm Anat Ses	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0724T	Qmrcp W/Dx Mri Same Anatomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0725T	Vestibular Dev Impltj Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0726T	Rmvl Implt Vstibular Dev Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0727T	Rmvlndrplcmnt Implt Vstblr Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0728T	Dx Alys Vstblr Implt Uni 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0729T	Dx Alys Vstblr Implt Uni Sbq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0730T	Trabeculotomy Lsr W/Oct Gdn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022

0731T	Augmnt Ai-Based Fcl Phnt A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0732T	Immntx Admn Electroporatin Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0733T	Rem Bdyandlmb Knmct Ther Sply	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2022-05-15	–	Add effective 05/15/2022
0734T	Rem Bdyandlmb Knmct Tx Mgmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2022-05-15	–	Add effective 05/15/2022
0735T	Prep Tum Cav Iort Prim Crnot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
0737T	Xenograft Implty Artclr Surf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
3051F	Hg A1C>Equal 7.0%<8.0%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
3052F	Hg A1C>Equal 8.0%<Equal 9.0%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9001F	Aortic Aneurysm<5Cm Diam Ct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9002F	Aortic Aneurysm 5-5.4Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9003F	Aortic Anrysm5.5-5.9Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9004F	Aortic Anrysm 6/> Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9005F	Asympt Carot/Vrtbrbas Sten	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9006F	Sympt Sten-Tia/Strk<120Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
9007F	Other Carot Sten 120 Days/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0021	Outside state ambulance serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0080	Noninterest escort in non er	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0090	Interest escort in non er	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0100	Nonemergency transport taxi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0110	Nonemergency transport bus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0120	Noner transport mini-bus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0130	Noner transport wheelch van	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0140	Nonemergency transport air	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0160	Noner transport case worker	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0170	Transport parking fees/tolls	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0180	Noner transport lodgng recip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0190	Noner transport meals recip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0200	Noner transport lodgng esct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0210	Noner transport meals escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0225	Neonatal emergency transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0380	Basic life support mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0390	Advanced life support mileag	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0420	Ambulance waiting 1/2 hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0424	Extra ambulance attendant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0425	Ground mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0427	ALS1-emergency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0428	bls	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0429	BLS-emergency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0430	Fixed wing air transport	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
A0431	Rotary wing air transport	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
A0432	PI volunteer ambulance co	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A0433	als 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0434	Specialty care transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0435	Fixed wing air mileage	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
A0436	Rotary wing air mileage	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
A0888	Noncovered ambulance mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0998	Ambulance response/treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
A2001	Innovamatrix Ac Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2001	Innovamatrix Ac Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2002	Mirrugen Adv Wnd Mat Per Sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2002	Mirrugen Adv Wnd Mat Per Sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2004	Xcellistem Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2004	Xcellistem Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2005	Microlyte Matrix Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2005	Microlyte Matrix Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2006	Novosorb Synpath Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2006	Novosorb Synpath Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022

A2007	Restrata Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2007	Restrata Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2008	Theragenesis Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2008	Theragenesis Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2009	Symphony Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2009	Symphony Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2010	Apis Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
A2010	Apis Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2011	Supra sdrn per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	4/1/2022	–	Added to list
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	4/1/2022	–	Added to list
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	4/1/2022	–	Added to list
A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A2014	Omeza collag per 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add effective 10/01/2022
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A2015	Phoenix wnd mtrx per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add effective 10/01/2022
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A2016	Permeaderm b per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add effective 10/01/2022
A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A2017	Permeaderm glove each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add effective 10/01/2022
A2018	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A2018	Permeaderm c per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add effective 10/01/2022
A4100	Skin Sub Fda Cldr As Dev Nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
A4226	Weekly supply maint cgs pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4244	Alcohol Or Peroxide Per Pint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4245	Alcohol Wipes Per Box	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4246	Betadine Or Phisoex Solution Per Pint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4247	Betadine Or Iodine Swabs/Wipes Per Box	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4290	Sacral nerve stim test lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
A4337	Incontinent rectal insert	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
A4450	Tape Non-Waterproof Per 18 Square Inches	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4452	Tape Waterproof Per 18 Square Inches	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4453	Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
A4458	Reusable enema bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A4459	Manual pump enema reusable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4490	Surgical Stockings Above Knee Length Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4495	Surgical Stockings Thigh Length Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4500	Surgical Stockings Below Knee Length Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4510	Surgical Stockings Full Length Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A4553	Nondisp underpads all sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A4554	Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
A4555	Ca tx e-stim electr/transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4556	Electrodes pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4557	Lead wires pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4575	Hyperbaric o2 chamber disps	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
A4595	TENS suppl 2 lead per month	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4596	Ces system monthly supp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2023	–	Add effective 4/1/2023
A4596	Ces system monthly supp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	12/31/2022	Retire effective 3/31/2023; Add effective 10/01/2022
A4600	Sleeve inter limb comp dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4606	Oxygen probe used w oximeter	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	10/15/2022	–	–
A4630	Repl bat t.e.n.s. own by pt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
A4638	Repl batt pulse gen sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

A4639	Infrared ht sys replcmnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A4660	Sphygmomanometer/Blood Pressure Apparatus With Cuff And Stethoscope	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4663	Blood Pressure Cuff Only	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4870	Plumbing And/Or Electrical Work For Home Hemodialysis Equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A4927	Gloves Non-Sterile Per 100	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4928	Surgical Mask Per 20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4930	Gloves Sterile Per Pair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4931	Oral Thermometer Reusable Any Type Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A4932	Rectal Thermometer Reusable Any Type Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
A6261	Wound filler gel/paste / oz	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A6550	Neg pres wound ther drsg set	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A7020	Interface cough stim device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A7025	Replace chest compress vest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A7026	Replace chst cmprss sys hose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A8000	Helmet Protective Soft Prefabricated Includes All Components And Accessories	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A8001	Helmet Protective Hard Prefabricated Includes All Components And Accessories	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A8002	Helmet Protective Soft Custom Fabricated Includes All Components And Accessories	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A8003	Helmet Protective Hard Custom Fabricated Includes All Components And Accessories	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A8004	Soft Interface For Helmet Replacement Only	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9152	Single vitamin nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A9153	Multi-vitamin nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A9270	Non-covered item or service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9272	Disp wound suct drsg/access	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9273	Hot/cold bottle/cap/col/wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9274	Ext amb insulin delivery sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A9281	Reaching/Grabbing Device Any Type Any Length Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
A9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9285	Inversion eversion cor devic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
A9286	Any hygienic item device	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9291	Pres digital behav theria fda	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	—	—	Added to list
A9300	Exercise equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A9515	Choline c-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9526	Nitrogen N-13 ammonia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	—	—
A9552	F18 fdg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	—	—
A9555	Rb82 rubidium	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	—	—
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
A9580	Sodium fluoride F-18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9582	Iodine I-123 iobenguane	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9586	Florbetapir F18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
A9587	Gallium ga-68	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

A9588	Fluciclovine f-18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
A9593	Gallium Ga-68 Psma-11 Ucsf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
A9594	Gallium Ga-68 Psma-11 Ucla	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
A9595	Piflu F-18 Dia 1 Millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
A9596	Gallium Illucix 1 Millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	-	Add effective 07/01/2022
A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9601	Flortaucipir Inj 1 Millicuri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	-	Add effective 07/01/2022
A9602	Fluorodopa f-18 diag per mci	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2022		
A9607	Lutetium lu 177 vipivotide	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	12/31/2022	
A9698	Non-rad contrast materialNOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9699	Radiopharm rx agent noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9800	Gallium locametz 1 millicuri	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2022		
A9900	Supply/accessory/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9999	DME supply or accessory nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
B4100	Food Thickener Administered Orally Per Ounce	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
B4102	EF adult fluids and electro	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4103	EF ped fluid and electrolyte	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4104	Additive for enteral formula	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4105	Enzyme cartridge enteral nut	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
B4149	EF blenderized foods	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4150	EF complet w/intact nutrient	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4152	EF calorie dense>=1.5Kcal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4153	EF hydrolyzed/amino acids	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4154	EF spec metabolic noninherit	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4155	EF incomplete/modular	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4158	EF ped complete intact nut	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4159	EF ped complete soy based	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4160	EF ped caloric dense>=0.7kc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4161	EF ped hydrolyzed/amino acid	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4164	Parenteral 50% dextrose solu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4168	Parenteral sol amino acid 3.	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4172	Parenteral sol amino acid 5.	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4176	Parenteral sol amino acid 7-	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4178	Parenteral sol amino acid >	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4180	Parenteral sol carb > 50%	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4185	Pn soln nos 10 grams lipids	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4187	Omegaven 10 grams lipids	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
B4189	Parenteral sol amino acid &	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4193	Parenteral sol 52-73 gm prot	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4197	Parenteral sol 74-100 gm pro	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4199	Parenteral sol > 100gm prote	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4216	Parenteral nutrition additiv	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4220	Parenteral supply kit premix	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4222	Parenteral supply kit homemi	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4224	Parenteral administration ki	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B5000	Parenteral sol renal-amirosoy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B5100	Parenteral solution hepatic	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B5200	Parenteral sol hepatic fream	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B9002	Enter nutr inf pump any type	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-

B9004	Parenteral infus pump portab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
B9006	Parenteral infus pump statio	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
B9998	Enteral supp not otherwise c	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement to PA code list	—	—	—
B9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement to PA code list	—	—	—
C1052	Hemostatic agent, gastrointestinal, topical	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	—	—
C1052	Hemostatic agent, gastrointestinal, topical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	5/14/2021	Retired
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1717	Brachytherapy Source High Dose Rate "Non-Stranded"	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1721	Aicd Dual Chamber	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1722	Aicd Single Chamber	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1726	Cath Bal Dil Non-Vascular	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1734	Orth/devic/drug bn/bn tis/bn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1761	Cath Trans Intra Litho/Coro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	—	Add effective 07/01/2021
C1764	Event Recorder Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1767	Generator neuro non-recharg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1776	Joint Device (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1778	Lead Neurostimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1783	Ocular imp aqueous drain de	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1787	Patient Progr Neurostim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1816	Receiver/Transmitter Neuro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1817	Septal Defect Imp Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1818	Integrated keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1820	Generator neuro rechg bat sy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1821	Interspinous implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1822	Gen neuro hf rechg bat	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
C1823	Gen Neuro Trans Sen/Stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	—	Add effective 04/15/2022
C1823	Gen neuro trans sen/stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	4/14/2022	Retire effective 04/15/2022
C1824	Generator ccm implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1831	Personalized Anterior And Lateral Interbody Cage (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	—	Add effective 10/01/2021
C1832	Auto Cell Process Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	—	Add effective 01/01/2022
C1833	Cardiac Monitor Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	—	Add effective 01/01/2022
C1840	Lens Intraocular (Telescopic)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1841	Retinal prosth int/ext comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C1842	Retinal prosth add-on	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C1849	Skin substitute synthetic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1882	Aicd Other Than Sing/Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1883	Adapt/Ext Pacing/Neuro Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1889	Implant/insert device noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
C1895	Lead Aicd Endo Dual Coil	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1896	Lead Aicd Non Sing/Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1897	Lead neurostim test kit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	—	Add effective 05/01/2021
C1899	Lead Pmkr/Aicd Combination	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C1982	Cath pressure valve-occlu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C2596	Probe robotic water-jet	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C2614	Probe perc lumb disc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C2616	Brachytx Source Yttrium-90 "Non-Stranded"	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C2623	Cath translumin drug-coat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

C2624	Wireless pressure sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2634	Brachytx non-str HA I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2635	Brachytx non-str HA P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2636	Brachy linear non-str P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2637	Brachy non-str Ytterbium-169	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2638	Brachytx stranded I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2639	Brachytx non-stranded I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2640	Brachytx stranded P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2641	Brachytx non-stranded P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2642	Brachytx stranded C-131	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2643	Brachytx non-stranded C-131	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2644	Brachytx cesium-131 chloride	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2645	Brachytx planar p-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C2698	Brachytx stranded NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
C2699	Brachytx non-stranded NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
C8903	MRI w/cont breast uni	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
C8905	MRI w/o fol w/cont brst un	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
C8908	MRI w/o fol w/cont breast	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
C9047	Injection caplacizumab-yhdp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C9060	Fluoroestradiol f18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
C9062	Daratumumab hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
C9064	Mitomycin pyelocalyceal inst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
C9066	Sacituzumab govitecan-hziy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2020	Retire effective 12/31/2020
C9067	Gallium ga-68 dotatoc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
C9068	Copper cu-64, dotatate, diagnostic, 1 millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9070	Injection, tafasitamab-cxix, 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9071	Injection, viltolarsen, 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9072	Injection, immune globulin (asceniv), 500 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9073	–	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	Retired	Retire effective 03/31/2021
C9074	Injection, lumasiran, 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	6/30/2021	Retired effective 06/30/2021
C9075	Injection Casimersen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9076	Lisocabtagene Car Pos T	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9079	Inj Evinacumab-Dgnb 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9080	Inj Melphalan Flufen 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9081	–	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9082	Injection Dostarlimab-Gxly 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9083	Injection Amivantamab-Vmjw 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9084	Injection Loncastuximab Tesirine-Lpyl 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	Retired 03/31/2022	Add effective 10/01/2021; Retired 03/31/2022
C9085	Inj Avalglucosid Alfa-Ngpt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	Retired 03/31/2022	Add effective 01/01/2022; ; Retired 03/31/2022
C9086	Inj Anifrolumab-Fnia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	Retired 03/31/2022	Add effective 01/01/2022; ; Retired 03/31/2022
C9091	Sirolimus Protein-Bound 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	6/30/2022	Add effective 04/01/2022; retired 06/30
C9092	Inj. xipere 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	4/1/2022	6/30/2022	Added to list
C9093	Inj. Susvimo 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	6/30/2022	Add effective 04/01/2022; retired 06/30
C9094	Inj Sutimlimab-Jome 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	9/30/2022	Add effective 07/01/2022; Retired 09/30/2022
C9095	Inj Tebentafusp-Tebn 1 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	9/30/2022	Add effective 07/01/2022; Retired 09/30/2022

C9096	Inj Releuko 1 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	9/30/2022	Add effective 07/01/2022; Retired 09/30/2022
C9097	Inj Faricimab-Svoa 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	9/30/2022	Add effective 07/01/2022; Retired 09/30/2022
C9098	Ciltacabtagene Car Pos T	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	9/30/2022	Add effective 07/01/2022; Retired 09/30/2022
C9122	Mometasone furoate (sinuva)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	Retired	Retire effective 03/31/2021
C9142	Inj alymsys 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	12/31/2022	
C9257	Bevacizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
C9354	Veritas collagen matrix cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C9356	TenoGlide tendon prot cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C9358	Dermal Substitute Native Non-Denatured Collagen Fetal Bovine Origin (Surgimend Collagen Matrix) Per 0.5 Square Centimeters	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C9359	Implnt,bon void filler-putty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	—	Add effective 04/01/2021
C9360	SurgiMend neonatal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C9362	Implnt,bon void filler-putty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	—	Add effective 04/01/2021
C9363	Integra Meshed Bil Wound Mat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	—	—
C9363	Integra Meshed Bil Wound Mat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	5/14/2021	Retired
C9364	Porcine implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
C9399	Unclassified Drugs Or Biologicals	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	—	—	—
C9726	Placement And Removal (If Performed) Of Applicator Into Breast For Radiation Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9727	Insert palate implants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9734	U/S trtmt not leiomyomata	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9740	Cysto impl 4 or more	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9745	Nasal endo eustachian tube	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	12/31/2020	Retire effective 12/31/2020
C9747	Ablation HIFU prostate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	12/31/2020	Retire effective 12/31/2020
C9749	Repair nasal stenosis w/imp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	12/31/2020	Retire effective 12/31/2020
C9751	Microwave bronch 3d ebus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9752	Intraosseous des lumb/sacrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	Retired	Retired effective 12/31/2021
C9753	Intraosseous destruct add'l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	Retired	Retired effective 12/31/2021
C9757	Spine/Lumbar Disk Surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	—	Add effective 08/01/2022
C9757	Spine/Lumbar Disk Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/1/2021	7/31/2022	Add effective 05/01/2021; Retire effective 07/31/2022
C9760	Non-blind interatrial shunt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
C9762	Cardiac mri seg dys strain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	9/15/2021	—	Add effective 09/15/2021
C9764	Revasc intravasc lithotripsy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	—	Add effective 05/15/2021
C9765	Revasc intra lithotrip-stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	—	Add effective 05/15/2021
C9766	Revasc intra lithotrip-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	—	Add effective 05/15/2021
C9767	Revasc lithotrip-stent-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	—	Add effective 05/15/2021
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	—	—
C9768	Endo us-guide hep porto grad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	2/28/2021	Retired
C9769	Cysto w/temp pros implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
C9770	Vitrech/mech pars subret inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

C9771	Nsl/sins cryo post nasal tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	–	–
C9771	Nsl/sins cryo post nasal tis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2021	Retire effective 06/30/2021
C9772	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
C9772	Revasc lithotrip tibi/perone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	8/14/2021	Retire effective 08/14/2021
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
C9773	Revasc lithotr-stent tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	8/14/2021	Retire effective 08/14/2021
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
C9774	Revasc lithotr-ather tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	8/14/2021	Retire effective 08/14/2021
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
C9775	Revasc lith-sten-ath tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	8/14/2021	Retire effective 08/14/2021
C9777	Esophag muc integ w/eso egd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
C9777	Esophag muc integ w/eso egd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2021	Retire effective 08/14/2021
C9778	Colpopexy min/inv ex-perit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
C9780	Insert cv cath inf & sup app	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
C9781	Arthro/Should Surg; W/Spacer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
C9782	Blind myocar trpl bon marrow	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2022	–	Added to list
C9783	Blind cor sinus reducer impl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2022	–	Added to list
C9898	Inpnt stay radiolabeled item	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
C9899	Inpt implant pros dev no cov	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
D9130	Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2019	–	Add effective 04/01/2022
D9947	Custom Sleep Apnea Appliance Fabrication And Placement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 04/01/2022
D9948	Adjustment Of Custom Sleep Apnea Appliance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 04/01/2022
D9949	Repair Of Custom Sleep Apnea Appliance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 04/01/2022
E0170	Commode chair electric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0172	Seat lift mechanism toilet	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0183	Press underlay alter w/pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022	–	–
E0190	Positioning Cushion/Pillow/Wedge Any Shape Or Size Includes All Components And Accessories	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0210	Electric Heat Pad Standard	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0215	Electric Heat Pad Moist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
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. Not subject to pre-service review.	–	–	–
E0221	Infrared heating pad system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E0225	Hydrocollator unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0231	Wound warming device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E0232	Warming card for NWT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E0236	Pump for water circulating p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0239	Hydrocollator unit portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0241	Bath Tub Wall Rail Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0242	Bath Tub Rail Floor Base	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0243	Toilet Rail Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0249	Pad water circulating heat u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0270	Hospital bed institutional t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0273	Bed board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0274	Over-bed table	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0300	Enclosed ped crib hosp grade	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0315	Bed accessory brd/tbl/supprt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E0316	Bed safety enclosure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0328	Ped Hospital Bed Manual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
E0329	Ped Hospital Bed Semi/Elect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
E0350	Control unit bowel system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0352	Disposable pack w/bowel syst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E0445	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E0446	Topical Ox Deliver sys nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–

E0470	Rad W/O Backup Non-Inv Intfc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
E0471	RAD w/backup non inv intrfc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0481	Intrpnlmny percuss vent sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0482	Cough stimulating device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0483	Hi freq chest wall oscil sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0484	Non-elec oscillatory pep dvc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0485	Oral device/appliance prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0486	Oral device/appliance cusfab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0487	Electronic spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0616	Cardiac event recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0617	Automatic ext defibrillator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0618	Apnea monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0619	Apnea monitor w recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0621	Patient lift sling or seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E0627	Seat lift mech electric any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0629	Seat lift mech non-electric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0630	Patient lift hydraulic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0635	Patient lift electric	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0636	PT support & positioning sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0637	Combination sit to stand sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0638	Standing frame sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0639	Moveable patient lift system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0640	Fixed patient lift system	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0641	Multi-position stnd fram sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0642	Dynamic standing frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0650	Pneuma compresor non-segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0651	Pneum compressor segmental	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0652	Pneum compres w/cal pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0655	Pneumatic appliance half arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0656	Segmental pneumatic trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0657	Segmental pneumatic chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0660	Pneumatic appliance full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0665	Pneumatic appliance full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0666	Pneumatic appliance half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0667	Seg pneumatic appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0668	Seg pneumatic appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0669	Seg pneumatic appli half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0670	Seg pneum int legs/trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0671	Pressure pneum appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0675	Pneumatic compression device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0676	Inter limb compress dev NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E0691	Uvl pnl 2 sq ft or less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0692	Uvl sys panel 4 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0720	Tens two lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0730	Tens four lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0731	Conductive garment for tens/	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0740	Non-implant pelv fir e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0744	Neuromuscular stim for scoli	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0745	Neuromuscular stim for shock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0746	Electromyograph biofeedback	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0747	Elec osteogen stim not spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0748	Elec osteogen stim spinal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0749	Elec osteogen stim implanted	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0760	Osteogen ultrasound stim/tor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0761	Nontherm electromgntc device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0762	Trans elec jt stim dev sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0764	Functional Neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
E0764	Functional neuromuscularstim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2021	4/14/2022	Retire effective 04/14/2022; May require PA effective 07/01/2021
E0765	Nerve stimulator for tx n&v	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0766	Elec stim cancer treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0769	Electric wound treatment dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0770	Functional electric stim NOS	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. May require Prior Authorization based on contract agreement until 12/31/2021.	-	-	-
E0781	External ambulatory infus pu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
E0782	Non-programable infusion pump	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Retire effective 08/14/2022
E0783	Programmable infusion pump	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Retire effective 08/14/2022
E0784	Ext amb infusn pump insulin	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
E0785	Replacement impl pump cathet	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
E0786	Implantable repl replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2022	Retire effective 08/14/2022
E0787	Cgs dose adj insulin inf pmp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0830	Ambulatory traction device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0840	Tract frame attach headboard	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0849	Cervical pneum trac equip	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0850	Traction stand free standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0855	Cervical traction equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0856	Cervic collar w air bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0920	Fracture frame attached to b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
E0930	Fracture frame free standing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
E0935	Cont pas motion exercise dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0936	CPM device other than knee	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0941	Gravity assisted traction de	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Add effective 02/01/2022; Retire effective 06/30/2022
E0942	Cervical head harness/halter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0944	Pelvic belt/harness/boot	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0946	Fracture frame dual w cross	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
E0947	Fracture frame attachmnts pe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
E0948	Fracture frame attachmnts ce	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	6/30/2022	Retire effective 06/30/2022
E0950	Tray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0955	Cushioned headrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0958	Whlchr att- conv 1 arm drive	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

E0961	Wheelchair brake extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0968	Wheelchair commode seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0969	Wheelchair narrowing device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0971	Wheelchair anti-tipping devi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0973	W/Ch access det adj armrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0974	W/Ch access anti-rollback	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0981	Seat upholstery replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0982	Back upholstery replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0983	Add pwr joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0984	Add pwr tiller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0985	W/c seat lift mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0986	Man w/c push-rim powr system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0990	Wheelchair elevating leg res	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0992	Wheelchair solid seat insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1002	Pwr seat tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1003	Pwr seat recline	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1004	Pwr seat recline mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1005	Pwr seat recline pwr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1006	Pwr seat combo w/o shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1007	Pwr seat combo w/shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1008	Pwr seat combo pwr shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1009	Add mech leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1010	Add pwr leg elevation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1012	Ctr mount pwr elev leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1014	Reclining back add ped w/c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1028	W/c manual swingaway	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1031	Rollabout chair with casters	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1035	Patient transfer system <299	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1036	Patient transfer system >299	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1037	Transport chair ped size	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1038	Transport chair pt wt<=300lb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1039	Transport chair pt wt >300lb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1050	Wheelchr fxd full length arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1060	Wheelchair detachable arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1070	Wheelchair detachable foot r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1083	Hemi-wheelchair fixed arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1084	Hemi-wheelchair detachable a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1085	Hemi-wheelchair fixed arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1086	Hemi-wheelchair detachable a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1087	Wheelchair lightwt fixed arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1088	Wheelchair lightweight det a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1089	Wheelchair lightwt fixed arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1090	Wheelchair lightweight det a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1092	Wheelchair wide w/ leg rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1093	Wheelchair wide w/ foot rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1100	Whchr s-recl fxd arm leg res	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

E1110	Wheelchair semi-recl detach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1130	Whlchr stand fxd arm ft rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1140	Wheelchair standard detach a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1150	Wheelchair standard w/ leg r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1160	Wheelchair fixed arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1161	Manual adult wc w tiltinspac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1170	Whlchr ampu fxd arm leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1171	Wheelchair amputee w/o leg r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1172	Wheelchair amputee detach ar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1180	Wheelchair amputee w/ foot r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1190	Wheelchair amputee w/ leg re	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1195	Wheelchair amputee heavy dut	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1200	Wheelchair amputee fixed arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1220	Whlchr special size/constrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1221	Wheelchair spec size w foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1222	Wheelchair spec size w/ leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1223	Wheelchair spec size w foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1224	Wheelchair spec size w/ leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1225	Manual semi-reclining back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1226	Manual fully reclining back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1227	Wheelchair spec sz spec ht a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1228	Wheelchair spec sz spec ht b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1229	Pediatric wheelchair NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E1230	Power operated vehicle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1231	Rigid ped w/c tilt-in-space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1232	Folding ped wc tilt-in-space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1233	Rig ped wc tltnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1234	Fld ped wc tltnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1235	Rigid ped wc adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1236	Folding ped wc adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1237	Rgd ped wc adjstabl w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1238	Fld ped wc adjstabl w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1239	Ped power wheelchair NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E1240	Whchr litwt det arm leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1250	Wheelchair lightwt fixed arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1260	Wheelchair lightwt foot rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1270	Wheelchair lightweight leg r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1280	Whchr h-duty det arm leg res	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1285	Wheelchair heavy duty fixed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1290	Wheelchair hvy duty detach a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1295	Wheelchair heavy duty fixed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1296	Wheelchair special seat heig	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1297	Wheelchair special seat dept	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1298	Wheelchair spec seat depth/w	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E1300	Whirlpool portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E1310	Whirlpool non-portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E1570	Adjustable chair for esrd pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022

E1629	Tablo For Dialysis Service	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
E1632	Wearable artificial kidney each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023		Add effective 01/01/2023
E1632	Wearable artificial kidney each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2022	12/31/2022	Add effective 06/15/2022; Retire effective 12/31/2022
E1639	Scale Each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
E1700	Jaw motion rehab system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E1701	Repl cushions for jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E1702	Repl measr scales jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
E1902	AAC non-electronic board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E2120	Pulse gen sys tx endolymf fi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2201	Man w/ch acc seat w>=20<23	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2202	Seat width 24-27 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2203	Frame depth less than 22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2204	Frame depth 22 to 25 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2206	Man wc whl lock comp repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2207	Crutch and cane holder	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E2209	Arm trough each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2211	Pneumatic propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2212	Pneumatic prop tire tube	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2213	Pneumatic prop tire insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2214	Pneumatic caster tire each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2215	Pneumatic caster tire tube	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2216	Foam filled propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2217	Foam filled caster tire each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2218	Foam propulsion tire each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2219	Foam caster tire any size ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2220	Solid propuls tire repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2221	Solid caster tire repl each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2222	Solid caster integ whl repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2228	Mwc acc wheelchair brake	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2230	Manual standing system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2231	Solid seat support base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2291	Planar back for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2292	Planar seat for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2293	Contour back for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2294	Contour seat for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2295	Ped dynamic seating frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2300	Pwr seat elevation sys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E2301	Pwr standing	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
E2310	Electro connect btw control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2311	Electro connect btw 2 sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2312	Mini-prop remote joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2313	PWC harness expand control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2321	Hand interface joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2322	Mult mech switches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2323	Special joystick handle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2324	Chin cup interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2325	Sip and puff interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
E2326	Breath tube kit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

E2327	Head control interface mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2328	Head/extremity control inter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2329	Head control nonproportional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2330	Head control proximity switc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2331	Attendant control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2340	W/c wdth 20-23 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2341	W/c wdth 24-27 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2342	W/c dpth 20-21 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2343	W/c dpth 22-25 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2351	Electronic SGD interface	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2358	Power Wheelchair Accessory Group 34 Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2359	Power Wheelchair Accessory Group 34 Sealed Lead Acid Battery Each (E.G. Gel Cell Absorbed Glassmat)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2360	22nf nonsealed leadacid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2361	22nf sealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2362	Gr24 nonsealed leadacid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2363	Gr24 sealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2364	U1nonsealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2365	U1 sealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2366	Battery charger single mode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2367	Battery charger dual mode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2371	Gr27 sealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2372	Gr27 non-sealed leadacid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2373	Hand/chin ctrl spec joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2374	Hand/chin ctrl std joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2375	Non-expandable controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2376	Expandable controller repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2377	Expandable controller initl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2381	Pneum drive wheel tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2382	Tube pneum wheel drive tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2383	Insert pneum wheel drive	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2384	Pneumatic caster tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2385	Tube pneumatic caster tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2386	Foam filled drive wheel tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2387	Foam filled caster tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2388	Foam drive wheel tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2389	Foam caster tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2394	Drive wheel excludes tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2395	Caster wheel excludes tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2397	Pwc acc lith-based battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2402	Neg press wound therapy pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2500	SGD digitized pre-rec <=8min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2502	SGD prerec msg >8min <=20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2504	SGD prerec msg>20min <=40min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2506	SGD prerec msg > 40 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2508	SGD spelling phys contact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2510	SGD w multi methods msg/accs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2511	SGD sftwre prgrm for PC/PDA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2512	SGD accessory mounting sys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2599	SGD accessory noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E2601	Gen w/c cushion wdth < 22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

E2602	Gen w/c cushion wdth >=22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2603	Skin protect wc cus wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2604	Skin protect wc cus wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2605	Position wc cush wdth <22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2606	Position wc cush wdth>=22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2607	Skin pro/pos wc cus wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2608	Skin pro/pos wc cus wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2609	Custom fabricate w/c cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2610	Powered w/c cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2611	Gen use back cush wdth <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2612	Gen use back cush wdth>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2613	Position back cush wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2614	Position back cush wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2615	Pos back post/lat wdth <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2616	Pos back post/lat wdth>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2617	Custom fab w/c back cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2619	Replace cover w/c seat cush	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2620	WC planar back cush wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2621	WC planar back cush wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2622	Adj skin pro w/c cus wd<22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2623	Adj skin pro wc cus wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2624	Adj skin pro/pos cus<22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2625	Adj skin pro/pos wc cus>=21	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2626	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2627	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Adjustable Rancho Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2628	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Reclining	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2629	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Friction Arm Support (Friction Dampening To Proximal And Distal Joints)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2630	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Monosuspension Arm And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2631	Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2632	Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2633	Wheelchair Accessory Addition To Mobile Arm Support Supinator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0028	Doc Med Rsn No Scr Tob	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0029	No Tob Scr/Cess Int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0030	Pt Scr Tob & Cess Int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0031	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0032	2+ Antipsy Schiz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0033	2+ Benzo Seiz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0034	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0035	Pt Ed Pos 23	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0036	Pt/Ptn Decln Assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0037	Pt Not Able To Participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0038	Clin Pt No Ref	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0039	Pt No Ref Rn Spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0040	Pt Phys/Occ Therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0041	Pt/Ptn Decln Referral	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0042	Ref To Therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0043	Pt Mech Pros Ht Valv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0044	Pt Mitral Stenosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0045	Mrs 90 Days Post Stk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0046	No Mrs 90 Days Post Stk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0047	Ped Blunt Hd Traum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022

G0048	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0049	Main Hemo In-Cntr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0050	Pt W/ Lmtd Life Expec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0051	Pt Hospice Mnth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0052	Pt Perl Dialysis Dur Mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0053	Adv Rheum Pt Care Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0054	Strk Cr Prev Pos Outcme Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0055	Adv Care Heart Dx Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0056	Opt Chronic Dx Mang Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0057	Best Pct Pt Safety Em Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0058	Imprv Care Le Jnt Repr Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0059	Pt Sfty Pos Exp W Aneth Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0060	Allergy/Immunology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0061	Anesthesiology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0062	Audiology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0063	Cardiology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0064	Cert Nurse Midwife Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0065	Chiropractic Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0066	Clinical Social Work Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0067	Dentistry Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	–	Add effective 01/01/2022
G0068	Adm of infusion drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0069	Adm of immune drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0070	Adm of chemo drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0071	Comm svcs by rhc/fqhc 5 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2020	Retire effective 12/31/2020
G0076	Care manag h vst new pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0077	Care manag h vst new pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0078	Care manag h vst new pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0079	Care manag h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0080	Care manag h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0081	Care man h v ext pt 20 mi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0082	Care man h v ext pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0083	Care man h v ext pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0084	Care man h v ext pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0085	Care man h v ext pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0086	Care man home care plan 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0087	Care man home care plan 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0088	Adm iv drug 1st home visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0089	Adm subq drug 1st home visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0090	Adm iv chemo 1st home visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0127	Trim nail(s)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0151	HHCP-serv of pt ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0152	HHCP-serv of ot ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0153	HHCP-svs of s/l path ea 15mn	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0156	HHCP-svs of aide,ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	3/1/2021	–	–
G0157	HHCP PT assistant ea 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0158	HHC OT assistant ea 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0159	Services Performed By A Qualified Physical Therapist In The Home Health Setting In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program Each 15 Minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0160	Services Performed By A Qualified Occupational Therapist In The Home Health Setting In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program Each 15 Minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0161	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Setting In The Establishment Or Delivery Of A Safe And Effective Speech-Language Pathology Maintenance Program Each 15 Minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
G0176	OPPS/PHP;activity therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0177	OPPS/PHP; train & educ serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2021	Retire effective 12/31/2021
G0180	MD certification HHA patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
G0219	PET img wholbod melano nonco	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
G0235	Pet Imaging Any Site Not Otherwise Specified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	–
G0245	Initial foot exam pt lops	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0246	Followup eval of foot pt lop	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0247	Routine footcare pt w lops	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0252	PET imaging initial dx	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	12/31/2020	Moved to PA code list
G0255	Current percep threshold tst	ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable ElU policy.	–	–	–
G0260	Inj for sacroiliac jt anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
G0276	Pild/placebo control clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–

G0277	Hbot full body chamber 30m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0281	Elec stim unattend for press	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0282	Elect stim wound care not pd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0295	Electromagnetic therapy onc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0297	Ldct for lung ca screen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Retire effective 12/31/2020
G0299	Hhs/hospice of rn ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0300	Hhs/hospice of lpn ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0308	180 D Implant Glucose Sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	10/15/2022	Add effective 07/01/2022; Retired 10/15/2022
G0309	Rem/Inser Glu Sensor Dif Sit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	10/15/2022	Add effective 07/01/2022; Retired 10/15/2022
G0310	Immunize counsel 5-15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0311	Immunize counsel 16-30 mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0312	Immunize couns < 21yr 5-15 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0313	Immunize couns < 21yr 6-30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0314	Counsel immune <21 16-30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0315	Counsel immune <21 5-15 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022	-	-
G0327	Colon Ca Scrn;Bld-Bsd Biomrk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	Retired	Add effective 07/01/2021; Moved to PA list
G0329	Electromagntic tx for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0333	Dispense fee initial 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0341	Percutaneous islet celltrans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0342	Laparoscopy islet cell trans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0400	Home sleep test/type 4 Porta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0416	Prostate biopsy any mthd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0420	Ed svc CKD ind per session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0421	Ed svc CKD grp per session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0422	Intens cardiac rehab w/exerc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0423	Intens cardiac rehab no exer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0428	Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G. Cmi Collagen Scaffold Menaflex)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G. As A Result Of Highly Active Antiretroviral Therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0448	Insertion Or Replacement Of A Permanent Pacing Cardioverter-Defibrillator System With Transvenous Lead(S) Single Or Dual Chamber With Insertion Of Pacing Electrode Cardiac Venous System For Left Ventricular Pacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0453	Cont intraop neuro monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0455	Fecal microbiota prep instil	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0458	LDR prostate brachy comp rat	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
G0460	Autologous PRP for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0465	Autolog Prp Diab Wound Ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
G0465	Autolog Prp Diab Wound Ulcer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/13/2021	4/14/2022	Add effective 04/13/2021 and Retire effective 04/14/2022
G0490	Home Visit by a RN or LPN by RHC/FQHC	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0493	Rn care ea 15 min hh/hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0494	Lpn care ea 15min hh/hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0495	Rn care train/edu in hh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0496	Lpn care train/edu in hh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0501	Resource-inten svc during ov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0516	insert drug del implant >=3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0517	Remove drug implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0518	Remove w insert drug implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0913	Improvement In Visual Function Achieved Within 90 Days Following Cataract Surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0914	Patient Care Survey Was Not Completed By Patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0915	Improvement In Visual Function Not Achieved Within 90 Days Following Cataract Surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0916	Satisfaction With Care Achieved Within 90 Days Following Cataract Surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0917	Patient Satisfaction Survey Was Not Completed By Patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G1001	Cdsm evicare	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G1002	Cdsm medcurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G1003	Cdsm medicalis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1004	Cdsm ndsc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1005	Cdsm nia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G1006	Cdsm test approp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G1007	Cdsm aim	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1008	Cdsm cranberry pk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1009	Cdsm sage health	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	Retired effective 04/01/2022
G1010	Cdsm stanson	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1011	Cdsm qualified nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1012	Cdsm agilemd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1013	Cdsm evidencicare	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1014	Cdsm inveniq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1015	Cdsm reliant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1016	Cdsm speed of care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1017	Cdsm healthhelp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1018	Cdsm inflix	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1019	Cdsm logicnets	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1020	Cdsm curbside	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1021	Cdsm ehealthline	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1022	Cdsm intermountain	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1023	Cdsm persivia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G1024	Cdsm Radrite	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G1025	Pt Mnth 1 Mcp Prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G1026	Pt Hemo > 3Mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G1027	Pt Hemo < 3Mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G2000	Blinded conv. tx mdd clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2001	Post D/C H Vst new pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2002	Post-D/C H Vst new pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2003	Post-d/c h vst new pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2004	Post-d/c h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2005	Post-d/c h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2006	Post-d/c h vst ext pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2007	Post-d/c h vst ext pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2008	Post-d/c h vst ext pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2009	Post-d/c h vst ext pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2010	Remot Image Submit By Pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
G2011	Alcohol/sub misuse assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2012	Brief Check In By Md/Qhp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	2/3/2020	Retire effective 02/03/2020
G2013	Post-d/c h vst ext pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2014	Post-d/c care plan overs 30m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2015	Post-d/c care plan overs 60m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	—	Add effective 04/01/2021
G2021	Hea care pract tx in place	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2022	Benef refuses service mod	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2025	Dis Site Tele Svcs Rhc/Fqhc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2058	Ccm add 20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2066	Inter devc remote 30d	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2070	Med assist tx implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2071	Med tx remove implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2072	Med tx insert/remove imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2081	Pt 66+ snp or ltc pos > 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2082	Visit Esketamine 56M Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
G2083	Visit Esketamine > 56M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	-	Add effective 08/01/2021
G2089	A1c level 7 to 9%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2090	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2091	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2092	Ace arb arni	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2093	Med doc rsn no ace arm arni	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2094	Pt rsn no ace arm arni	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2095	Sys rsn no ace arm arni	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2096	No rsn ace arb arni	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2097	Child dx uri 3d of other dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2098	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2099	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2100	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2101	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2102	Dil retinal eye exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2103	6 stereo photos interpret	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2104	Eye img valid w/7 stereo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2105	Pt 66+ lt ints > 90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2106	Pt 66+ lt ints > 90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2107	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2108	Pt 66+ lt ints > 89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2109	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G2110	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2112	Pred<=5 mg ra glu <6m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2113	Pred>5 mg >6m no chg da	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2114	Pt 66-80 frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2115	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2116	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2117	Pt 66-80 frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2118	Pt 81+ frailty	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2119	Calc vtd opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2120	No calc vtd opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2121	Psy dep anx ap and icd asse	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2122	Psy/dep/anx/apandicd noasse	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2123	Pt 66-80 frailty med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2124	Pt 66-80 frailty adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2125	Pt 81+ frailty	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2126	Pt 66+ frailty adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2127	Pt 66+ frailty med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2128	No aspirin med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2129	No bp outpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2130	Pt 66+ lt inst > 89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2131	Pt 81+ frailty	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2132	Pt 66-80 frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2133	Pt 66-80 frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2134	Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2135	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2136	Bk pain vas 6-20wk = 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2137	Bk pain vas 6-20wk > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2138	Bk pain vas 9-15mo = 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2139	Bk pain vas 9-20mo > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2140	Leg pain vas 6-20wk = 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2141	Leg pain vas 6-20wk > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2142	Fs odi 9-15mo postop<= 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2143	Fs odi 9-15mo > 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2144	Fs odi 6-20wk postop > 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2145	Fsodi 6-20wk >22 or chg 30pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2146	Leg pain vas 9-15mo <= 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2147	Leg pain vas 9-15mo > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2148	Mpm used	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2149	No mpm med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2150	No mpm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2151	Dx degen neuro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2152	Res change sc =1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2153	Hosp dur meas pd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2154	Td 9 yrs start end meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2155	Hist contraindications	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2156	No prior td or hx contra	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2157	Pneum vacc 12 mo 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2158	Pneum vacc adv rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2159	No pneum vacc 12 mo 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2160	Herpzos 50+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2161	Adv rx zos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2162	No herpzos 50+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2163	Infl vacc 07/01 to 06/29	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2164	Adv rx infl vacc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2165	No infl vacc 07/01 to 06/29	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2166	No pt adm dx no neck fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G2167	Res change sc < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2168	Svs by pt in home health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2169	Svs by ot in home health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	—	Add effective 04/01/2021
G2173	Uri episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2174	Uri episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2175	Episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2176	Outpatient, ed, or observation visits that result in an inpatient admission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2181	Bmi not documented due to medical reason or patient refusal of height or weight measurement	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2182	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2183	Documentation patient unable to communicate and informant not available	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2184	Patient does not have a caregiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2185	Documentation caregiver is trained and certified in dementia care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2187	Patients with clinical indications for imaging of the head: head trauma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2191	Patients with clinical indications for imaging of the head: positional headaches	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2193	Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2200	Patient identified as an unhealthy alcohol user received brief counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2205	Patients with pregnancy during adjuvant treatment course	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G2206	Patient received adjuvant treatment course including both chemotherapy and her2-targeted therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G2207	Reason for not administering adjuvant treatment course including both chemotherapy and her2-targeted therapy (e.g. poor performance status (ecog 3-4; karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and her2-targeted therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2209	Patient refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2210	Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck fs prom at initial evaluation and/or near discharge, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2251	Brief chkin 5-10 non-e/m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
G2252	Brief chkin by md/qhp 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
G4000	Dermatology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4001	Diagnostic Rad Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4002	Ep Cardio Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4003	Emergency Med Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4004	Endocrinology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4005	Family Medicine Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4006	Gastroenterology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4007	General Surgery Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4008	Geriatrics Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4009	Hospitalists Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4010	Infectious Disease Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4011	Internal Medicine Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4012	Interventional Rad Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4013	Mentl/Behav Health Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4014	Nephrology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4015	Neurology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4016	Neurosurgical Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4017	Nutrition/Dietician Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4018	Ob/Gyn Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4019	Oncology/Hema Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4020	Ophthalmology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4021	Orthopedic Surgery Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4022	Otolaryngology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4023	Pathology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4024	Pediatric Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4025	Physical Medicine Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4026	Phys/Occ Therapy Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4027	Plastic Surgery Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4028	Podiatry Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4029	Preventive Medicine Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4030	Pulmonology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4031	Radiation Oncology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4032	Rheumatology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4033	Skilled Nursing Facility Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4034	Speech Language Path Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4035	Thoracic Surgery Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4036	Urgent Care Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4037	Urology Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4038	Vascular Surgery Ss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
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.	-	-	-
G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8398	Dil macular/fundus not perfo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8404	Low extremity neur exam docum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8405	Low extremity neur not perfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8410	Eval on foot documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8415	Eval on foot not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8416	Pt inelig footwear evaluatio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8418	Calc bmi blw low param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8419	Calc bmi out nrm param not/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8420	Calc bmi norm parameters	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G8421	Bmi not calculated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8422	Pt inelig bmi calculation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G8427	Docrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8430	Ec at doc medrec pt not elig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8431	Pos clin depress scrn f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8433	Scr for dep not cpt doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8442	Doc pain as nt perf not elig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8473	ACE/ARB thxpy rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8475	ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8476	Bp sys <140 and dias <89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8477	Bp sys>=140 and/or dias >=89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8506	Pt rec ACE/ARB	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8509	Pos pain assess no f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8510	Scr dep neg no plan reqd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8511	Scr dep pos no plan doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8535	Eld maltreatment not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8536	No doc elder mal scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8539	Doc funct and care plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8540	Foa not doc as being perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8541	No doc cur funct assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8542	Doc funct no deficiencies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8543	Cur funct asses; no care pln	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8559	Pt ref doc oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8560	Pt hx act drain prev 90 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8561	Pt inelig for ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8562	Pt no hx act drain 90 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8563	Pt no ref oto reas no spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8564	Pt ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8565	Ver doc hear loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8566	Pt inelig ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8567	Pt no doc hear loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8568	Pt no ref otolo no spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8569	Prol intubation req	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8570	No prol intub req	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8571	Ster wd fix 30 d postop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8572	No ster wd fix	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8573	Stk CABG	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8574	No strk CABG	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8575	Postop ren fail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8576	No postop ren fail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8577	Reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8578	No reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8598	Asa/antiplat ther used	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8599	No asa/antiplat ther use rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8600	tPA initi w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8601	No elig tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8602	No tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8627	Surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8628	No surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8633	Pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8635	No pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8647	Rafscrs ki scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8648	Rafscrs ki scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8650	Rafs crs ki no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8651	Rafscrs hi scor >=1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8652	Rafscrs hi scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8654	Rafs crs hi no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8655	Rafscrs llfai scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8656	Rafscrs llfai scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8658	Rafscrs llfai no scor + surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8659	Rafscrs lbi scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8660	Rafscrs lbi scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8661	Rafscrs lbi no scor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8662	Rafs crs lbi no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8663	Rafscrs si scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8664	Rafscrs si scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8666	Rafs crs si no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8667	Rafscrs ewh scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8668	Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8670	Rafs crs ewh no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8671	Rafscrs goi scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020

G8672	Rafscrs goi scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8674	Rafscrs neck no msr/no foto	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8694	Left Ventricular Ejection Fraction (Lvef) < 40%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8708	Patient Not Prescribed Or Dispensed Antibiotic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8709	Pt presc doc med rsn id uri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8710	Patient Prescribed Or Dispensed Antibiotic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8711	Prescribed Or Dispensed Antibiotic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8712	Antibiotic Not Prescribed Or Dispensed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8721	Pt Category (Primary Tumor) Pn Category (Regional Lymph Nodes) And Histologic Grade Were Documented In Pathology Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8722	Med reas pt pn not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8723	Specimen Site Is Other Than Anatomic Location Of Primary Tumor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8724	Pt pn hist grade not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8730	Pain doc pos and plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8731	Pain neg no plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8732	No doc of pain	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8733	Doc pos elder mal scrn plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8734	Elder Maltreatment Screen Documented As Negative, No Follow-Up Required	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8735	Eld mal scrn pos no plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8749	No signs melanoma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8752	Most Recent Systolic Blood Pressure < 140MmHg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8753	Most Recent Systolic Blood Pressure >= 140MmHg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8754	Most Recent Diastolic Blood Pressure < 90MmHg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8755	Most Recent Diastolic Blood Pressure >= 90MmHg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8756	No BP measure doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8783	BP scrn perf rec interval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8785	BP scrn no perf at interval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8797	Specimen Site Other Than Anatomic Location Of Esophagus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8798	Specimen Site Other Than Anatomic Location Of Prostate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8806	Perf ultrasnd to lct preg doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8807	No ta tv ultrasnd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8808	Ultrasound not perf rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8809	Rh-Immunoglobulin (Rhogam) Ordered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8810	Doc reas no rh-immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8811	No Rh-Immunoglobulin order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8815	Doc reas no statin therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8816	Statin Medication Prescribed At Discharge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8817	Doc reas no statin med disch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8818	Patient Discharge To Home No Later Than Post-Operative Day #7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8825	Patient Not Discharged To Home By Post-Operative Day #7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8826	Patient Discharge To Home No Later Than Post-Operative Day #2 Following Evar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8833	Pt not disch home day#2 EVAR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8834	Patient Discharged To Home No Later Than Post-Operative Day #2 Following Cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8838	Not disch home by day #2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8839	Sleep Apnea Symptoms Assessed Including Presence Or Absence Of Snoring And Daytime Sleepiness	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8840	Doc reas no sleep apnea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8841	No sleep apnea assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8842	Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Measured At The Time Of Initial Diagnosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8843	Doc reas no ahi or rdi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8844	No AHI or RDI initial dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8845	Positive Airway Pressure Therapy Prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8846	Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8849	Doc reas no Pos Air Press	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8850	No PAP prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8851	Objective Measurement Of Adherence To Positive Airway Pressure Therapy Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8852	Positive Airway Pressure Therapy Prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8854	Reas no adhere Pos Air Pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8855	Pos Air Press adhere no perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8856	Referral To A Physician For An Otologic Evaluation Performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G8857	Patient Is Not Eligible For The Referral For Otologic Evaluation Measure (E.G. Patients Who Are Already Under The Care Of A Physician For Acute Or Chronic Dizziness)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8858	Not ref for oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8863	No assess bone loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8864	Pneumococcal Vaccine Administered Or Previously Received	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8865	Documentation Of Medical Reason(S) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G. Patient Allergic Reaction Potential Adverse Drug Reaction)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8866	Documentation Of Patient Reason(S) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G. Patient Refusal)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8867	No pneumococcal admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8869	Doc immune hep b antitnf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8872	Excised Tissue Evaluated By Imaging Intraoperatively To Confirm Successful Inclusion Of Targeted Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8873	Specimen not intraop image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8874	Excised Tissue Not Evaluated By Imaging Intraoperatively To Confirm Successful Inclusion Of Targeted Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8875	Clinician Diagnosed Breast Cancer Preoperatively By A Minimally Invasive Biopsy Method	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8876	Doc reas no min inv dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8877	No brst cncr dx min invasive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8878	Sentinel Lymph Node Biopsy Procedure Performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8880	Sen lym p node biop not perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8881	Stage Of Breast Cancer Is Greater Than T1N0M0 Or T2N0M0	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8882	No sent lymph node biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8883	Biopsy Results Reviewed Communicated Tracked And Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8884	Clinician Documented Reason That Patient'S Biopsy Results Were Not Reviewed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8885	Biopsy Results Not Reviewed Communicated Tracked Or Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8907	Pt doc no events on discharge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8908	Pt doc w burn prior to D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8909	Pt doc no burn prior to D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8910	Pt doc to have fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8911	Pt doc no fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8912	Pt doc with wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8913	Pt doc no wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8914	Pt trans to hosp post D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8915	Pt not trans to hosp at D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8916	Pt w IV AB given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8917	Pt w IV AB not given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8918	Pt w/o preop order IV AB prop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8923	LVEF < 40% or lvsd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8924	Spir fev1/fvc<70% fev<60%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8925	Spir fev1/fvc<60% & no copd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G8926	Spiro no perf or doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G8934	LVEF <40% or dep lv sys fcn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8935	Rx ACE or ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8936	Pt not eligible ace/arb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8937	No rx ACE/ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8938	Bmi doc onl fup nt doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G8939	Pain as doc positive no f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8941	Eld maltreatment doc as pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8942	Doc fcn/care plan w/30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8944	AJCC Mel cncr stg 0 - IIC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8946	Mibm but no dx of breast ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8950	Pre-htn or htn doc f/u indic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8952	Pre-htn/htn no f/u not gvn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8955	Most recent assess vol mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8956	Pt rcv HeDia output dyls fac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8958	Assess vol mgmt not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8959	Clin tx MDD comm to tx clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8960	Clin tx MDD not comm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8961	CSIT lowrisk surg pts preop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8962	CSIT on pt any reas 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8963	CSI per asx pt w/PCI 2 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8964	CSI any other than PCI 2 yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8965	CSIT perf on low CHD risk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8966	CSIT perf sx or high CHD risk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8967	Warf or other fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8968	Doc med not presb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8969	Doc pt rsu no presc warf/fda	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8970	No risk fac or 1 mod risk TE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G8973	Mst rcnt Hbb < 10g/dL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8974	Hgb not doc rns not gvn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8975	Hgb <10g/dL med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G8976	Hgb >= 10 g/dL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
G9013	ESRD demo bundle level I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9014	ESRD demo bundle-level II	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9016	Demo-smoking cessation coun	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9050	Oncology work-up evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9055	Onc visit unspecified NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9056	Onc prac mgmt adheres guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9057	Onc pract mgmt differs trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9058	Onc prac mgmt disagree w/gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9063	Onc dx nsclc stgl no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9066	Onc dx nsclc stg3B-4 metast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9072	Onc dx brst stg1-2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9079	Onc dx prostate T3b-T4nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9083	Onc dx prostate unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9084	Onc dx colon t1-3 n1-2 no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9085	Onc dx colon T4 N0 w/o prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9092	Onc dx rectal T1-3 N1-2nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9094	Onc dx rectal M1 w/mets prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9096	Onc dx esophag T1-T3 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9101	Onc dx gastric p R1-R2nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9102	Onc dx gastric unsectable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9106	Onc dx pancreat p R1/R2 no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9107	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9108	Onc dx pancreatic unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9109	Onc dx head/neck T1-T2no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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. Not subject to pre-service review.	—	—	—
G9117	Onc dx ovarian unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9123	Onc dx CML chronic phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9124	Onc dx CML accelr phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9125	Onc dx CML blast phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9126	Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9128	Onc dx multi myeloma stage I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9129	Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9131	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9132	Onc dx prostate mets no cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G9133	Onc dx prostate clinical met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9134	Onc NHLstg 1-2 no relap no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9135	Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9136	Onc dx NHL trans to Ig Bcell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9137	Onc dx NHL relapse/refractor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9138	Onc dx NHL stg unknown	Non Covered: Procedure/service not covered by the Plan. 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.	-	-	-
G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G9148	Medical Home Level I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9149	Medical Home Level II	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9150	Medical Home Level III	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9151	MAPCP Demo State	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9152	MAPCP Demo Community	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9153	MAPCP Demo Physician	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9187	BPCI home visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9188	Beta not given no reason	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9189	Beta pres or already taking	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9190	Medical reason for no beta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9191	Pt reason for no beta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9192	System reason for no beta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9196	Med reason for no ceph	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9197	Order for ceph	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9198	No order for ceph no reason	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9212	Doc of dsm-iv init eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9213	No doc of dsm-iv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9223	Pjp proph ordered cd4 low	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9225	Norsn no foot exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9226	3 comp foot exam completed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9227	Foa doc care plan not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9228	Gc chl syp documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9229	Pttrs no gc chl syp test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9230	Norsn for gc chl syp test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9231	Doc esrd dia trans preg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9232	Pttrs no comm comorbid	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9239	Doc rsn hemod & cath acc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9240	Doc pt w cath maint dia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9241	Doc pt w out cath maint dia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9242	Doc viral load >=200	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9243	Doc viral load <200	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9246	No med visit in 24mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9247	1 med visit in 24mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9250	Doc of pain comfort 48hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9251	Doc no pain comfort 48hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9254	Doc pt dischg >2d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9255	Doc pt dischg <=2d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9256	Doc of pat death after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9257	Doc of pat stroke after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9258	Doc of pat stroke after cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9259	Survive/no stroke post cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9260	Doc of pat death after cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9261	Survive/no stroke post cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9262	Doc of death post-aaa repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9263	Doc of disch post-aaa repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9264	Doc rsn hemod w/cath >=90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9265	Doc cath >90d for maint dia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9266	Norsn pt cath >=90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9267	Doc comp or mort w in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9268	Doc comp or mort w in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9269	Doc no comp or mort w in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9270	Doc no comp or mort w in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9273	Sys<140 and dia<90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9274	Bp out of nrmli limits	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9275	Doc of non tobacco user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9276	Doc of tobacco user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9277	Doc daily aspirin or contra	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9278	Doc no daily aspirin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9279	Pne scrn done doc vac done	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9280	Pne not given norsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9281	Pne scrn done doc not ind	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9282	Doc medrsn no histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9283	Hist type doc on report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9284	No hist type doc on report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9285	Site not small cell lung ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9286	Antibio rx w in 10d of sympt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9287	No antibio w in 10d of sympt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9288	Doc medrsn no hist type rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9289	Doc type nsm lung ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9290	No doc type nsm lung ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9291	Not nsm lung ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9292	Medrsn no pt category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9293	No pt category on report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9294	Pt cat and thck on report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9295	Non cutaneous loc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9296	Doc share dec prior proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9297	No doc share dec prior proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9298	Eval risk vte card 30d prior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9299	No eval risk vte card prior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9300	Doc medrsn no compl antibio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9301	Doc compl inf antibio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9302	Norsn incompl inf antibio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9303	Norsn no pros info op rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9304	Pros info op rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9305	No interv req for leak	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9306	Interv req for leak	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9307	No ret for surg w in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9308	Unpl ret or w/compl w/in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9309	No unplnd hosp readm in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9310	Unplnd hosp readm in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9311	No surg site infection	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9312	Surgical site infection	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9313	Amoxic not presc as 1st line	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9314	Norsn not first line amox	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9315	Doc first line amox	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9316	Doc comm risk calc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9317	No doc comm risk calc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9318	Image std nomenclature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9319	Image not std nomenclature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9321	Doc count of ct in 12mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9322	No doc count of ct in 12mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9326	Ct done no rad ds index nrg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9327	Ct done rad ds index	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9329	Norsn no dicom format doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9340	Dicom format doc on rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9341	Srch for ct w in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9342	No srch for ct in 12mo norsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9344	Sysrsn no dicom srch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9345	Follow up pulm nod	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9347	No follow up pulm nod norsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9348	Doc rsn for ord ct scan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9349	Ct within 28 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9350	No doc sinus ct 28d or dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9351	Doc >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9352	Not >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9353	Medrsn >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9354	1 or no ct sinus w/in 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9355	No early ind/delivery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9356	Early ind/delivery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9357	Pp eval/edu perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9358	Pp eval/edu not perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9359	Neg mgd pos tb notact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9360	No doc of neg or man pos tb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9361	Doc rsn elect c-sec/induct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9364	Sinus caus bac inx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9365	1high risk med ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9366	1high risk no ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9367	>= 2 same hi-risk med ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9368	>= 2 same hi-risk med not ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9380	Off assis eol iss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9382	No off assis eol	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9383	Recd scrn hcv infec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9384	Doc med rsn no hcv scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9385	Doc pt reas not rec hcv srn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9386	Scrn hcv infec not recd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9389	Unpln rup post cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9390	No unpln rup post cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9393	Ini phq9 >9 remiss <5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9394	Dx bipol death nhres hosp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9395	Ini phq9 >9 no remiss >=5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9396	Ini phq9 >9 not assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9399	Doc disc tx choices	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9400	Doc reas no disc tx opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9401	No disc tx choices	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9402	Recd f/u w/in 30d disch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9403	Doc reas no 30 day f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9404	No 30 day f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9405	Recd f/u w/in 7d dc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9406	Doc reas no 7d f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9407	No 7d f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G9408	Card tamp w/in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9409	No card tamp e/in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9410	Admit w/in 180d req remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9411	No admit w/in 180d req remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9412	Admit w/in 180d req surg rev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9413	No admit req surg rev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9414	1dose menig vac btwn 11 & 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9415	No 1dose meni vac btwn 11&13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9416	Pt 1 tdap betw 10-13 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9417	Pt not 1 tdap betw 10-13 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9418	Lungcx bx rpt docs class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9419	Med reas not incl histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9420	Spec site no lung	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9421	Lung cx bx rpt no doc class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9422	Rpt doc class histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9423	Med reas rpt no histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9424	Site no lung or lung cx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9425	Spec rpt no doc class histo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9426	Impr med time edarr pain med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9427	No impro med time pain med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9428	Patho rpt incl pt ctg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9429	Doc med rsn no pt cat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9430	Spec site no cutaneous	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9431	Patho rpt no pt ctg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9432	Asth controlled	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9434	Asth not controlled	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9448	Born 1945-1965	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9449	Hx bld transf b/f 1992	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9450	Hx inject drug use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9451	1x scrn hcv infect	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9453	Pt reas no hcv infect	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9454	No scr hcv inf 12 mth rp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9455	Abd imag w/us ct or mri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9456	Doc med pt reas no hcc scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9457	Pt no abd img no doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9458	Tob user recd cess interv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9459	Tob non-user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9460	No tob assess or cess inter	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9468	No recd cortico>=10mg/d >60d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9469	Rec cortico>90d or 1rx 900mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9470	No rec cortico>60d 1rx 600mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9471	W/in 2yr dxa not order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9473	Chap services at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G9474	Diet counsel at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G9475	Other counselor at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G9476	Volun service at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9477	Care coord at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9478	Othe therapist at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to MP Criteria from Non Co
G9479	Pharmacist at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9480	Admission to mcm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9481	Remote E/M new pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9482	Remote E/M new pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9483	Remote E/M new pt 30mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9484	Remote E/M new pt 45mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9485	Remote E/M new pt 60mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9486	Remote E/M est. pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9487	Remote E/M est. pt 15mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9488	Remote E/M est. pt 25mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9489	Remote E/M est. pt 40mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9490	CMMI mod home visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9497	Rec inst no smoke day surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9498	Abx reg prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9500	Rad expos ind/exp tm doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9501	Rad expos ind/exp tm no doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9502	Med reas no perf foot exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9503	Pt tk tams hcl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9504	Doc rsn hep b stat not asses	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9505	Abx pres w/in 10 dys of symp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9506	Bio imm resp mod presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9507	Doc reas on statin or contra	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9508	Doc pt not on statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9509	Adit mdd dys rem 12 mnths	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9510	Remis12m not phq-9 score <5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9511	Idx evt dte phq>9 doc 12 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9512	Indiv pdc > 0.8	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9513	Indiv pdc not > 0.8	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9514	Req ret or w/in 90d of surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9515	No reas no ret or w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9516	Impr vis acuit w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9517	No impr vis acuit w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9518	Doc active inj drug use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9519	Final ref +/- 1.0 w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9520	Refract not +/- 1.0 w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9521	Er and ip hosp <2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9522	Er/ip hosp =>2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9523	D/c hemo or perit dialysis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9524	Refer to hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9525	Doc pt reas no hospice refer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9526	No reason no refer hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9529	Minor blunt trauma w/head ct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9530	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9531	Pt doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9532	Pt hd ct ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9533	Indic for head ct not valid	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9537	Doc sysm rsn img hd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9539	Intent pot remv time placemt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9540	Pt alive 3 mos post proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9541	Filter rem 3 mon plmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9542	Doc reass appr remo flit 3ms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9543	Doc 2x re-assess flit remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9544	No flit remov w/in 3mos plcm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9547	Cys ren les or adren	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9548	No f/u rec image study	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9549	Doc med rsn for f/u imag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9550	Imag rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9551	Imag no les	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9552	Inc thyr node <1.0 in rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9553	Prior thyroid dise dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9554	Ct/cta/mri/a chst foll rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9555	Doc med rsn for follup image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9556	Ct/cta/mri/a no follup image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9557	Ct/cta/mri/a no thyr <1.0cm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9558	Tx beta-lactam abx therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9559	Doc med reas no abx therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9560	No beta-lactam abx ther rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9561	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9562	Foll-up eval q3mo opioid tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9563	No f/u eval q3mo opioid tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9573	Adl pt md or dys rem 6 mon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9574	Adl pt md dys no rem 6 mon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9577	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9578	Doc opioid tx 1x during ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9579	No doc opioid tx 1x at ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9580	Door to punc time <2hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9582	Door to punc time >2hr nrrg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9583	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9584	Eval opioid use instr/pt int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9585	No eval opi use instr/intv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9593	Low pecarn ped head trauma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9594	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9595	Doc shnt/tum/coag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9596	Ped pt hd ct ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9597	No low pecarn ped head traum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9598	Aor ane 5.5-5.9 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9599	Aor ane >=6.0 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9600	Symp aaa urgent repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9601	Pt dchg home post op day 7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9602	Pt no dchg home postop day 7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9603	Pt surv improv bsline tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9604	Pt surv results not avail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9605	Surv score no improv w/tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9606	Intraop cyst eval trac inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9607	Doc med rsn not perf cystosc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9608	Intraop cyst eval not done	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9609	Doc order anti-plat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9610	Doc md rsn no antipla	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9611	No doc order anti-plat rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9612	Phodoc 2 mr cec lndmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9613	Doc post surg anatomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9614	Photodoc < 2 cec lndmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9615	Pre-op asst doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9616	Doc rsn no preop asmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9617	Pre-op asst not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9618	Doc scr uter mal or us/samp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9620	No scr utr malig/us/samp rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9621	Scr unheal etoh w/counsel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9622	No unheal etoh user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9623	Doc med rsn no scr etoh use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9624	Pt not scrn or no counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9625	Pt bl srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9626	Med rsn no rpt baldder inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9627	Pt no bl srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9628	Pt bwli srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9629	Med rsn no rpt bowel inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G9630	Pt no bwli srg 30 day srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9631	Pt ui srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9632	Med rsn for no rpt uret inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9633	Pt no ui srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9634	Qual life tool 2x same/impr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9635	No doc rsn do qual life assm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9636	No life asst 2x same/decr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9637	Doc >1 dose reduc tech	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9638	No doc >1 dose reduc tech	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9639	Amp no reqd in48h ieler proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9640	Doc plan hybrid/stage proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9641	Amp reqd w/in 48h ieler proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9642	Current smoker	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9643	Elective surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9644	No smok b/4 anes day of surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9645	Had smoke b/4 anes day surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9646	Pt w/90d mrs 0-2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9647	No mrs score in 90d followup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9648	Pt w/90d mrs >2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9649	Psor as doc spc bm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9651	Psor as doc no spc bm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9654	Mon anesth care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9655	Toc tool incl key elem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9656	Pt trans from anesth to pacu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9658	Toc tool incl elem not used	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9659	>85y no hx colo ca/rsn scope	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9660	Doc med rsn scope pt >85y	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9661	>85y scope othr rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9662	Prior dx/active clin ascvd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9663	Fast/dir ldl <= 190 mg/dl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9664	Taking statin or rec'd order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9665	No statin/no order statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9666	Fas/dir ldl 70-189mg/dl mst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9674	Pt w/clin ascvd dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9675	Pt w/fast/dir lab ldl-c >190	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9676	40-75y w/type 1/2 w/ldl-c rs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9678	Oncology Care Model Service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2022	Retired effective 06/30
G9679	Acute care pneumonia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9680	Acute care congestive heart	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9681	Acute care chronic obstruct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9682	Acute care skin infection	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9683	Acute fluid/electro disorder	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9684	Acute care urinary tract inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9685	Acute nursing facility care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9687	Hospice anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9688	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9689	Inpt elect carotid intervent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9690	Pt in hos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9691	Pt hosp dur msmt period	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9692	Hosp recd by pt dur msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9693	Pt use hosp during msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9694	Hosp srv used pt in msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9695	Long act inhal bronchdil pre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9696	Med rsn no presc bronchdil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9697	Pt rsn no presc bronchdil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9698	Sys rsn no presc bronchdil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9699	Long inhal bronchdil no pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9700	Pt is w/hosp during msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9701	Child anbx 30 prior dx estab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9702	Pt use hosp during msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9703	Child anbx 30 prior dx phary	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9704	Ajcc br ca stg i: t1 mic/t1a	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9705	Ajcc br ca stg ib	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9706	Low recur prost ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9707	Pt had hosp dur msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9708	Bilat mast/hx bi/unilat mas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9709	Hosp srv used pt in msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9710	Pt prov hosp srv msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9711	Pt hx tot col or colon ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9712	Doc med rsn presc anbx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9713	Pt use hosp during msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9714	Pt is w/hosp during msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9715	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9716	Bmi doc onl fup not cmplt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9717	Doc pt dx dep/bp f/u nt req	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9718	Hospice anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9719	Pt not ambul/immob/wc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9720	Hospice anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9721	Pt not ambul/immob/wc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9722	Doc hx renal fail or cr+ >4	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9723	Hosp recd by pt dur msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9724	Pt w/doc use anticoag mst yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G9725	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9726	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9727	Pt unable cmplt knee fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9728	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9729	Pt unbl cmplt hip fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9730	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9731	Pt unbl cmplt ft/ank fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9732	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9733	Pt unbl cmplt lb fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9734	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9735	Pt unbl cmplt shld fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9736	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9737	Pt unbl cmplt ewh fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9738	Refused to participate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9739	Pt unbl cmplt go fs prom	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9740	Hosp srv to pt dur msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9741	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9744	Pt not eli d/t act dig htn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9745	Doc rsn no hbp scrn or f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9746	Mit sten valve or trans af	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9747	Pall dialysis with catheter	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9748	App transpl lvg kidney donor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9749	Pall dialysis with catheter	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9750	App transpl lvg kidney donor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9751	Pt died w/in 24 mos rpt time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9752	Urgent surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9753	Doc no dicom ct other fac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9754	Incid pulm nodule	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9755	Doc med rsn no flw up	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9756	Surg proc w/silicone oil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9757	Surg proc w/silicone oil	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9758	Pt in hos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9759	Hx preop post cap rup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9760	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9761	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9762	Pt had >= 2-3 hpv vaccines	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9763	Pt not have 2-3 hpv vaccines	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9764	Pt treatd w/oral syst or bio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9765	Doc pat declined therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9766	Cva stroke dx tx transf fac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9767	Hosp new dx cva consid evst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9768	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9769	Bn den 2yr/got ost med/ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9770	Perip nerve block	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9771	Anes end 1 temp >35.5(95.9)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9772	Doc med rsn no temp >= 35.5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9773	1 bod temp >=35.5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9774	Pt had hyst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9775	Recd 2 anti-emet pre/intraop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9776	Doc med rsn no proph antiem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9777	Pt no antiemet pre/intraop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9778	Pts dx w/pregn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9779	Pts breastfeeding	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9780	Pts dx w/rhabdomyolysis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9781	Doc rsn no statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9782	Hx dx fam/pure hypercholes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9783	Doc dx dm fast <70 no stat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	Retired	Retired effective 12/31/2021
G9784	Path/derm prov 2nd biop opin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9785	Path report sent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9786	Path report not sent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9787	Pt alive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9788	Most rct bp <= 140/90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9789	Record bp ip er urg/self	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9790	Most rct bp >= 140/90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9791	Most rct tob stat free	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9792	Most rct tob stat not free	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9793	Pt on daily asa/antiplat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9794	Doc med rsn no daily aspirin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9795	Pt no daily asa/antiplat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9796	Pt not currently on statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9797	Pt currently on statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9798	D/c ami btw 7/1-6/30 meas pd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9799	Med disp evt indic hx asth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9800	Pt id into/alleg beta-block	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9801	Nonacut transf from inpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9802	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9803	Pt presc 135 day trmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9804	Pt not presc 135 day trmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9805	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9806	Pt recd cerv cyto/hpv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9807	Pt no recd cerv cyto/hpv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9808	Pt no asthm cont med mst per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G9809	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9810	Pdc 75% w/asth cont med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9811	No pdc 75% w/asth cont med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9812	Pt died during inpt/30d aft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9813	Pt not died w/in 30d of proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9814	Death during index hosp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9815	Death not during index hosp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9816	Death <30 day post discharge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9817	No death 30-days post-disch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9818	Doc sex activity	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9819	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9820	Doc chlam scr test w/follow	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9821	No doc chlam scr ts w/follow	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9822	Endo abl proc yr prev ind dt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9823	Endo smpl/hyst bx res doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9824	Endo smpl/hyst bx res no doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9825	Her-2 neg undoc/unkn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9826	Transf pract aft init chemo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9827	Her-2 targ ther no init tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9828	Her-2 targ ther dur init tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9829	Breast adj chemo admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9830	Her-2 pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9831	Ajcc stg brt ca dx ii or iii	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9832	Brt ca dx i no t1/t1a/t1b	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9833	Transf pract aft init chemo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9834	Pt met dis at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9835	Trastuz given w/in 12 mos dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9836	Rsn no trast given doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9837	Trastuz not in 12 mos dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9838	Pt met dis at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9839	Anti-egfr mon anti ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9840	Gene testing performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	PA not required
G9841	Gene testing not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	PA not required
G9842	Pt met dis at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9843	Kras or nras gene mutation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9844	Pt no recd anti-egfr ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9845	Pt recd anti-egfr ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9846	Pt died from cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9847	Pt recd chemo last 14d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9848	Pt no chemo last 14d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9849	Pt died from cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9850	1/more ed last 30d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9851	1/no ed visit last 30d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9852	Pt died from cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9853	Icu stay last 30d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9854	No icu stay last 30d life	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9855	Pt died from cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9856	Pt no hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9857	Pt admit hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9858	Pt enroll hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9859	Pt died from cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9860	Pt less 3d hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9861	Pt more than 3d hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9862	Doc rsn no 10 yr follow	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9868	Next Gen ACO model <10min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9869	Next Gen ACO model 10-20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9870	Next Gen ACO model >20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9873	1 EM core session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9874	4 EM core sessions	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9875	9 EM core sessions	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9876	2 EM core MS mo 7-9 no WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9877	2 EM core MS mo 10-12 no WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9878	2 EM core MS mo 7-9 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9879	2 EM core MS mo 10-12 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9880	EM 5 percent WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9881	EM 9 percent WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9882	2 EM ongoing MS mo 13-15 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9883	2 EM ongoing MS mo 16-18 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9884	2 EM ongoing MS mo 19-21 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9885	2 EM ongoing MS mo 22-24 WL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9890	EM Bridge Payment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9891	EM session reporting	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9892	Doc pt rsn no dil mac exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9893	No mac exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9894	Adr dep thrpy prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9895	Doc med rsn no adr dep thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9896	Doc pt rsn no adr dep thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9897	Pt nt prsc adr dep thrpy rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9898	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9899	Scrn mam perf rsults doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9900	Scrn mam perf rsults not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9901	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9902	Pt scrn tbco and id as user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9903	Pt scrn tbco id as non user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9904	Doc med rsn no tbco scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9905	No pt tbco scrn rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9906	Pt revy tbco cess interv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9907	Doc med rsn no tbco interv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9908	No pt tbco cess interv rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9909	Doc med rsn no tbco interv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9910	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9911	Node neg pre/post syst ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9912	Hbv status assessed and int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9913	No hbv status assessed and int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9914	Pt receiving anti-tnf agent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9915	No documtd hbv results rcd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9916	Funct status past 12 months	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9917	Adv dem crgvr limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9918	No funct stat perf rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9919	Scrn nd pos nd prov of rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9920	Scrnng perf and negative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9921	No or part scrn nd rng or os	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9922	Sfty cncrns scrn nd mit recs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9923	Safty cncrns scrn and neg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9924	Doc med rsn no scrn or recs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9925	No scrn prov rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9926	Sfty cncrns scrn but no recs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9927	Doc no warf /fda pt trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9928	No warf or fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9929	Trs/rev af	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9930	Com care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9931	No chad or chad scr 0 or 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9932	Doc pt rsn no tb scrn recrds	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9933	Canc detectd during col scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9934	Doc rsn not detecting cancer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9935	Canc not detectd during scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9936	Pmh pply/neo co/rect/jun/ans	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9937	Dig or surv colsclo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9938	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9939	Same path/derm perf biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9940	Doc reas no statin therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9942	Adtl spine proc on same date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9943	Bk pn nt mrs vas scl pre/pst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9945	Pt w/cancer scoliosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9946	Bk pain no vas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9948	Adtl spine proc on same date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9949	Leg pain no vas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9954	Pt >2 rsk fac post-op vomit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9955	InhInt anesth only for induc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9957	Doc med rsn no combo thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9958	No combo prophyl thrp for pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9959	Systemic antimicro not presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9960	Med rsn sys anti nt rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9961	Systemic antimicro presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9962	Embolization doc separatly	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9963	Embolization not doc separat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9964	Pt revy >=1 well-child visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9965	No well-child vst revy by pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9966	Scrn inter report child	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9967	No scrn inter reprt child	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
G9968	Pt reftd 2 pvdr/spclst in pp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9969	Pvdr rfrd pt rpt rctd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9970	Pvdr rfrd pt no rpt rctd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9974	Mac exam perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9975	Doc med rsn no dil mac exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9976	Doc pat rsn no mac exm perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9977	Dil mac exam no perf rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9978	Remote E/M new pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9979	Remote E/M new pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9980	Remote E/M new pt 30 mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9981	Remote E/M new pt 45mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9982	Remote E/M new pt 60mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9983	Remote E/M est. pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9984	Remote E/M est. pt 15mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9985	Remote E/M est. pt 25mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9986	Remote E/M est. pt 40mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9987	BPCI Advanced In home visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G9988	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9989	Med Rsn No Pneum Vax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9990	No Pneum Vax Admin 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9991	Pneum Vax Admin 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9992	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9993	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9994	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022

G9995	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9996	Doc Pt Pal Or Hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9997	Doc Pt Preg Dur Msrmt Pd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9998	Doc Med Rsn <3 Colon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
G9999	Doc Sys Rsn <3 Colon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
H0047	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
H2015	Comp comm supp svc 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2021	—	Add effective 01/01/2021
H2021	Com wrap-around sv 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2021	—	Add effective 01/01/2021
H2038	Skill train and dev/diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2022	—	Added to list
J0129	Abatacept injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0172	Inj Aducanumab-Avwa 2 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1/1/2022	—	Add effective 01/01/2022
J0178	Aflibercept injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0179	Inj brolocizumab-dbll 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0180	Agalsidase beta injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0202	Injection alemtuzumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0219	Inj Aval Alfa-Nqpt 4Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	—	Add effective 04/01/2022
J0220	Alglucosidase alfa injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
J0221	Injection Alglucosidase Alfa (Lumizyme) 10 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0222	Inj. patisiran 0.1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0224	Inj. Lumasiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	—	Add effective 07/01/2021
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
J0270	Alprostadil for injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0275	Alprostadil urethral suppos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0470	Dimecaprol injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0490	Injection, Belimumab, 10 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0491	Inj Anifrolumab-Fnia 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	—	Add effective 04/01/2022
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0584	Injection burosumab-twza 1m	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0585	Injection onabotulinumtoxinA	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0588	Injection, Incobotulinumtoxin A, 1 Unit	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0591	Inj deoxycholic acid 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0593	Inj. lanadelumab-flyo 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0598	C-1 esterase cinryze	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0599	Inj. haegarda 10 units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0600	Edetate calcium disodium inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0638	Canakinumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0717	Certolizumab pegol inj 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0739	Injection Cabotegravir 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	—	Add effective 07/01/2022
J0775	Collagenase clost hist inj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0791	Inj crizanlizumab-tmca 5mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0881	Darbepoetin alfa non-esrd	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—

J0885	Epoetin alfa non-esrd	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	12/31/2021	Retire effective 12/31/2021
J0888	Epoetin beta non esrd	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J0895	Deferoxamine mesylate inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J0896	Inj Luspatercept-Aamt 0.25Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	08/01/2021	10/10/2021	Moved to PA code list
J0897	Injection Denosumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	8/1/2022	-	Add effective 08/01/2022
J1071	Inj testosterone cypionate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J1096	Dexametha oph insert 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J1290	Ecaltantide injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1300	Eculizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1301	Injection edaravone 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1302	Inj sutimlimab-jome 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2022	—	—
J1303	Inj. ravulizumab-cwvz 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1305	Injection Evinacumab-Dgnb 5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	—	Add effective 10/01/2021
J1306	Injection Incisiran 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	—	Add effective 07/01/2022
J1322	Elosulfase alfa injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1325	Epoprostenol injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1426	Injection Casimersen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	—	Add effective 10/01/2021
J1427	Injection, viltolarsen, 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	—	Add effective 04/01/2021
J1428	Inj eteplirsan 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1429	Inj golodirsan 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J1442	Injection Filgrastim (G-Csf) Excludes Biosimilars 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
J1447	Injection Tbo-Filgrastim 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
J1448	Injection trilaciclib 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	10/1/2022	—	—
J1448	Injection trilaciclib 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	10/1/2022	—	—
J1458	Galsulfase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1459	Inj IVIG privigen 500 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1551	Inj Cutaquig 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	—	Add effective 07/01/2022
J1554	Injection, immune globulin (asceniv), 500 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	—	Add effective 04/01/2021
J1555	Inj cuvitru 100 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1556	Inj imm glob bivigam 500mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022

J1557	Injection, Immune Globulin, (Gammaplex), Intravenous, Non-Lyophilized (E.G. Liquid), 500 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1558	Inj. xembify 100 mg	Bit495	10/1/2022		
J1558	Inj. xembify 100 mg	Bit507	10/1/2022		
J1558	Inj. xembify 100 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1559	Hizentra injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1561	Gamunex-C/Gammaked	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1562	Vivaglobin inj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1566	Immune globulin powder	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1568	Octagam injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1569	Gammagard liquid injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1572	Flebogamma injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1575	Hyqvia 100mg immunoglobulin	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1599	Ivig non-lyophilized NOS	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	11/30/2022	Retire effective 11/30/2022
J1602	Golimumab for iv use 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J1620	Gonadorelin hydroch/ 100 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J1627	Inj granisetron xr 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
J1628	Inj. guselkumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

J1632	Inj. brexanolone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J1675	Histrelin acetate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1726	Makena 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1729	Inj hydroxyprogst capoot nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
J1743	Idursulfase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1745	Infliximab not biosimil 10mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1746	Inj. ibalizumab-uiyk 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1786	Imuglucerase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1823	Inj. inebilizumab-cdon, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J1930	Lanreotide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J1931	Laronidase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1932	Inj lanreotide (cipla) 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2023	–	–
J1950	Leuprolide acetate /3.75 MG	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J1951	Inj Fensolvi 0.25 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	–	Add effective 07/01/2021
J1952	Leuprolide Inj Camcevi 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	–	Add effective 01/01/2022
J2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2278	Ziconotide injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2320	Nandrolone decanoate 50 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J2323	Natalizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	10/1/2022	Retire effective 10/01/2022
J2326	Inj nusinersen 0.1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	10/15/2022	Retire effective 10/15/2022
J2350	Injection ocrelizumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2356	Inj Tezepelumab-Ekko 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
J2357	Omalizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2440	Papaverin hcl injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2503	Pegaptanib sodium injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J2505	Injection Pegfilgrastim 6 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
J2506	Inj Pegfilgrast Ex Bio 0.5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	1/1/2022	–	Add effective 01/01/2022
J2507	Injection Pegloticase 1 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2562	Plerixafor injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2777	Inj faricimab-svoa 0.1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2022	–	–
J2778	Ranibizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J2779	Inj Susvimo 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
J2786	Injection reslizumab 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2787	Riboflavin 5'Phos ophth<=3ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J2820	Injection Sargramostim (Gm-Csf) 50 Mcg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	–	Add effective 10/01/2021
J2840	Inj sebellipase alfa 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J2860	Injection siltuximab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	10/10/2021	Moved to PA code list
J3031	Inj. fremanezumab-vfrm 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J3032	Inj. eptinezumab-ijmr 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3060	Inj taliglucerase alfa 10 u	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3111	Inj. romosozumab-aqgq 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J3121	Inj testosterone enanthate 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3145	Testosterone undecanoate 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3241	Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3245	Inj. tildrakizumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3262	Tocilizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–

J3285	Treprostinil injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3299	Inj Xipere 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	–	Add effective 07/01/2022
J3301	Triamcinolone acet inj NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	5/4/2021	Retire effective 05/04/2021
J3315	Triptorelin pamoate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3316	Inj. triptorelin xr 3.75 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J3355	Urofollitropin 75 iu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
J3358	Ustekinumab iv inject 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3380	Injection vedolizumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3385	Velaglucerase alfa	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3396	Verteporfin injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022	Retire effective 06/30/2022
J3397	Inj. vestronidase alfa-vjvk	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3399	Inj onase abepar-xioi treat	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J3490	Drugs unclassified injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	–
J3520	Edetate disodium per 150 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J3570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
J3590	Unclassified biologics	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	–
J3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
J7177	Inj. fibryga 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7178	Inj human fibrinogen con nos	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
J7308	Aminolevulinic acid hcl top	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7309	Methyl aminolevulinate top	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7311	Inj. retisert 0.01 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7312	Dexamethasone intra implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7313	Inj. iluvien 0.01 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7314	Inj. yutiq 0.01 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7316	Inj ocriplasmin 0.125 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7318	Inj durolane 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7320	Genvisc 850 inj 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7321	Hyaluronan Or Derivative Hyalgan Or Supartz For Intra-Articular Injection Per Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7322	Hymovis injection 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7323	Euflexxa inj per dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
J7324	Orthovisc inj per dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–

J7325	Synvisc or Synvisc-One	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7326	Hyaluronan Or Derivative Gel-One For Intra-Articular Injection Per Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7327	Monovisc inj per dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7328	Gel-syn injection 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7329	Inj trivisc 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7330	Cultured chondrocytes implnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7331	Synojynt inj. 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7332	Inj. triluron 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7333	Visco-3 inj dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
J7340	Carbidopa levodopa ent 100ml	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J7345	Aminolevulinic acid 10% gel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7351	Inj bimatoprost itc imp1mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7352	Afamelanotide implant, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7401	Mometasone furoate sinus imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
J7508	Tacrol astagraf ex rel oral	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7599	Immunosuppressive drug noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J7604	Acetylcysteine comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7607	Levalbuterol comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7609	Albuterol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7610	Albuterol comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7615	Levalbuterol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7622	Beclomethasone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7624	Betamethasone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7627	Budesonide comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7628	Bitolterol mesylate comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7629	Bitolterol mesylate comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7632	Cromolyn sodium comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7634	Budesonide comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7635	Atropine comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7636	Atropine comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7637	Dexamethasone comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7638	Dexamethasone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7640	Formoterol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7641	Flunisolide comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7642	Glycopyrrolate comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7643	Glycopyrrolate comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7645	Ipratropium bromide comp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7647	Isoetharine comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7650	Isoetharine comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7657	Isoproterenol comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7660	Isoproterenol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7667	Metaproterenol comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7670	Metaproterenol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7676	Pentamidine comp unit dose	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7680	Terbutaline sulf comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7681	Terbutaline sulf comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7683	Triamcinolone comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7684	Triamcinolone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7685	Tobramycin comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7699	Inhalation solution for DME	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J7799	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J7999	Compounded drug noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J8498	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J8499	Oral prescrip drug non chemo	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J8597	Antiemetic drug oral NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J8999	Oral prescription drug chemo	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J9020	Asparaginase NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J9021	Inj Aspara Rylaze 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
J9022	Inj atezolizumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/10/2021	Moved to PA code list
J9023	Injection avelumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/10/2021	Moved to PA code list

J9032	Injection belinostat 10mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9035	Bevacizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2021	Retire effective 12/31/2021
J9036	Inj. belrapzo/bendamustine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	4/1/2021	10/10/2021	Moved to PA code list
J9039	Injection blinatumomab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9042	Brentuximab vedotin inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9043	Injection Cabazitaxel 1 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9044	Inj bortezomib nos 0.1 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
J9047	Injection carfilzomib 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9057	Inj. copanlisib 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9061	Inj Amivantamab-Vmjw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	1/1/2022	_	Add effective 01/01/2022
J9119	Inj. cemiplimab-rwlc 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9144	Daratumumab, hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9145	Injection daratumumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9153	Inj daunorubicin cytarabine	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9155	Degarelix injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9173	Inj. durvalumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9176	Injection elotuzumab 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9177	Inj enfort vedo-ejfv 0.25mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9202	Goserelin acetate implant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9203	Gemtuzumab ozogamicin 0.1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9204	Inj mogamulizumab-kpkc 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9205	Inj irinotecan liposome 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9206	Irinotecan injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J9210	Inj. emapalumab-lzsg 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J9215	Interferon alfa-n3 inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J9217	Leuprolide acetate suspnsion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9218	Leuprolide acetate injecton	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9219	Leuprolide acetate implant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9223	Inj. lurbinectedin, 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9225	Vantas implant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9226	Supprelin LA implant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J9227	Inj. isatuximab-irfc 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	_	10/10/2021	Moved to PA code list
J9228	Injection Ipilimumab 1 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9229	Inj inotuzumab ozogam 0.1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9247	Injection melphalan flufenamide 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	_	Add effective 10/01/2021
J9262	Inj omacetaxine mep 0.01mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
J9264	Paclitaxel protein bound	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
J9269	Inj. Tagraxofusp-Erzs 10 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p	08/01/2021	10/10/2021	Moved to PA code list
J9271	Inj pembrolizumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list

J9272	Inj Dostarlimab-Gxly 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	1/1/2022	—	Add effective 01/01/2022
J9273	Inj Tisotu Vedotin-Tftv 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	—	Add effective 04/01/2022
J9274	Inj tebentafusp-tebn 1 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	10/1/2022	—	Add effective 10/1/2022
J9281	Mitomycin instillation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
J9295	Injection necitumumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J9298	Inj nivolumab 3mg/1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2022	12/31/2022	
J9299	Injection nivolumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9301	Obinutuzumab inj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9306	Injection pertuzumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9308	Injection ramucirumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9309	Inj polatuzumab vedotin 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9311	Inj rituximab hyaluronidase	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	12/31/2021	Retire effective 12/31/2021
J9312	Inj. rituximab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	12/31/2021	Retire effective 12/31/2021
J9313	Inj. lumoxiti 0.01 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9316	Injection, pertuzumab, trastuzumab, and hyalu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9325	Inj talimogene laherparepvec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
J9331	Inj Sirolimus Prot Part 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	—	Add effective 07/01/2022
J9332	Inj Efgartigimod 2Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	—	Add effective 07/01/2022
J9348	Inj. Naxitamab-Gqgk 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p 7/1/2021		10/10/2021	Moved to PA code list
J9349	Injection, tafasitamab-cxix, 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p 4/1/2021		10/10/2021	Moved to PA code list
J9352	Injection trabectedin 0.1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9353	Inj. Margetuximab-Cmkb 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p 7/1/2021		10/10/2021	Moved to PA code list
J9354	Inj ado-trastuzumab emt 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/10/2021	Moved to PA code list
J9355	Inj trastuzumab excl biosimi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9356	Inj. herceptin hylecta 10mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9358	Inj fam-trastu deru-nxki 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
J9359	Inj Lon Tesirin-Lpyl 0.075Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	—	Add effective 04/01/2022
J9400	Inj ziv-aflibercept 1mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
J9600	Porfimer sodium injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

J9999	Chemotherapy drug	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
K0002	Stnd hemi (low seat) whlchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0003	Lightweight wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0004	High strength ltwt whlchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0005	Ultralightweight wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0006	Heavy duty wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0007	Extra heavy duty wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0008	Cstm manual wheelchair/base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0009	Other manual wheelchair/base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0010	Stnd wt frame power whlchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0011	Stnd wt pwr whlchr w control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0012	Ltwt portbl power whlchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0013	Custom power whlchr base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0014	Other power whlchr base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0046	Elev lgrst lwr exten repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0047	Elev lgrst upr hangr rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0051	Cam rel asm ft/lgrst rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0053	Elevate footrest articulate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0056	Seat ht <17 or >=21 ltwt wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0065	Spoke protectors	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
K0070	Rear whl compl pneum tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0071	Fr cstr comp pne tire rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0072	Fr cstr semi-pne tire rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0108	W/c component-accessory NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
K0195	Elevating whlchair leg rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0455	Pump uninterrupted infusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
K0462	Temporary replacement eqpmnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0669	Seat/back cus no dmepdac ver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0743	Suction Pump Home Model Portable For Use On Wounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0744	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size 16 Square Inches Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0745	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0746	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size Greater Than 48 Square Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0800	POV group 1 std up to 300lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0801	POV group 1 hd 301-450 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0802	POV group 1 vhd 451-600 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0806	POV group 2 std up to 300lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0807	POV group 2 hd 301-450 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0808	POV group 2 vhd 451-600 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0812	Power operated vehicle NOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

K0878	PWC gp4 std sing pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0885	PWC gp4 std mult pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0886	PWC gp4 hd mult pow s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0890	PWC gp5 ped sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0891	PWC gp5 ped mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0898	Power wheelchair NOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
K0899	Pow mobil dev no dmpedac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K0900	Cstm dme other than wheelchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K1001	Electronic posa treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K1002	Ces system w/supplies access	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
K1003	Whirlpool tub walkin portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
K1004	Lo freq us diathermy device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
K1006	Suct pum ext urine mgmt sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–	–
K1007	Bil hkaf pc s/d micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021	Retired
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–	–
K1009	Speech volume modulation sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021	Retired
K1013	Enema tube, any type, replacement only, each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	–	Add effective 04/01/2021
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	–	Add effective 04/01/2021
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	–	Add effective 04/01/2021
K1017	Monthly supplies for use of device coded at k1016	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	–	Add effective 04/01/2021
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2021	Retire effective 08/14/2021
K1019	Monthly supplies for use of device coded at k1018	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	–	Add effective 08/15/2021
K1019	Monthly supplies for use of device coded at k1018	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2021	Retire effective 08/14/2021
K1020	Non-invasive vagus nerve stimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	–	Add effective 04/01/2021
K1021	Exsufflation Belt Includes All Supplies And Accessories	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
K1022	Addition To Lower Extremity Prosthesis Endoskeletal Knee Disarticulation Above Knee Hip Disarticulation Positional Rotation Unit Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
K1023	Trans Elec Nerv Periph Nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
K1023	Trans Elec Nerv Periph Nerv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
K1024	Non Pneum Comp Control Cal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
K1024	Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
K1025	Non Pneum Compress Full Arm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
K1025	Non-Pneumatic Sequential Compression Garment Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
K1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	–	Add effective 10/01/2021
K1028	Control Unit Neuromuscul Osa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
K1029	Oral Dv/App Neuromus Mouthpi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
K1030	Ext Recharge Bat Replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	–	Add effective 04/01/2022
K1031	Non pneu comp control w/o ca	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	4/1/2022	–	Added to list
K1032	Non pneu seq comp full leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	4/1/2022	–	Added to list
K1033	Non pneu seq comp half leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	4/1/2022	–	Added to list
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–

L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
L1834	Ko w/0 joint rigid molded to	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L1840	Ko derot ant cruciate custom	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L1846	Ko w adj flex/ext rotat mold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L1860	Ko supracondylar socket mold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L1960	Ankle foot orthosis posterior solid ankle custom-fabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2022	—	Add effective 06/15/2022
L1970	Ankle foot orthosis plastic with ankle joint custom-fabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2022	—	Add effective 06/15/2022
L2006	Kaf sng/dbl swg/stn mcpr cus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
L3000	Ft insert ucb berkeley shell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3001	Foot insert remov molded spe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3002	Foot insert plastazote or eq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3003	Foot insert silicone gel eac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3010	Foot longitudinal arch suppo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3020	Foot longitud/metatarsal sup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3030	Foot arch support remov prem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3031	Foot lamin/prepreg composite	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3040	Ft arch suprt premold longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3060	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3070	Arch suprt att to sho longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3080	Arch supp att to shoe metata	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3090	Arch supp att to shoe long/m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3100	Hallus-valgus nt dyn pre ots	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3140	Abduction rotation bar shoe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3150	Abduct rotation bar w/o shoe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3160	Shoe styled positioning dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3170	Foot plas heel stabl pre ots	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3201	Oxford w supinat/pronator inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3202	Oxford w/ supinat/pronator c	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3203	Oxford w/ supinator/pronator	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3204	Hightop w/ supp/pronator inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3206	Hightop w/ supp/pronator chi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3207	Hightop w/ supp/pronator jun	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3212	Benesch boot pair infant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3213	Benesch boot pair child	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3214	Benesch boot pair junior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3215	Orthopedic ftwear ladies oxf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3216	Orthoped ladies shoes dpth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3217	Ladies shoes hightop depth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3219	Orthopedic mens shoes oxford	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3221	Orthopedic mens shoes dpth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3222	Mens shoes hightop depth inl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3230	Custom shoes depth inlay	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3250	Custom mold shoe remov prost	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3251	Shoe molded to pt silicone s	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3252	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3253	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3254	Orth foot non-standard size/w	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3255	Orth foot non-standard size/	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3257	Orth foot add charge split s	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3265	Plastazote sandal each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3300	Sho lift taper to metatarsal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3310	Shoe lift elev heel/sole neo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3320	Shoe lift elev heel/sole cor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3330	Lifts elevation metal extens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3332	Shoe lifts tapered to one-ha	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3334	Shoe lifts elevation heel /i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3340	Shoe wedge sach	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3350	Shoe heel wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3360	Shoe sole wedge outside sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3370	Shoe sole wedge between sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3380	Shoe clubfoot wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3390	Shoe outflare wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3400	Shoe metatarsal bar wedge ro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3410	Shoe metatarsal bar between	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3420	Full sole/heel wedge btween	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3430	Sho heel count plast reinfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3440	Heel leather reinforced	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3450	Shoe heel sach cushion type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3455	Shoe heel new leather standa	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3460	Shoe heel new rubber standar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
L3465	Shoe heel thomas with wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

L3470	Shoe heel thomas extend to b	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3480	Shoe heel pad & depress for	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3485	Shoe heel pad removable for	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3500	Ortho shoe add leather insol	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3510	Orthopedic shoe add rub insl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3520	O shoe add felt w leath insl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3530	Ortho shoe add half sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3540	Ortho shoe add full sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3550	O shoe add standard toe tap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3560	O shoe add horseshoe toe tap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3570	O shoe add instep extension	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3580	O shoe add instep velcro clo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3590	O shoe convert to sof counte	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3595	Ortho shoe add march bar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3600	Trans shoe calip plate exist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3610	Trans shoe caliper plate new	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3620	Trans shoe solid stirrup exi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3630	Trans shoe solid stirrup new	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3640	Shoe dennis browne splint bo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3649	Orthopedic shoe modifica NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3999	Upper limb orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L5610	Above knee hydracadence	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5611	Ak 4 bar link w/fric swing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5613	Ak 4 bar ling w/hydraul swig	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5614	4-bar link above knee w/swng	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5616	Ak univ multiplex sys frict	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5620	Test socket below knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5624	Test socket above knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5629	Below knee acrylic socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5631	Ak/knee disartic acrylic soc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5638	Below knee leather socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5639	Below knee wood socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5640	Knee disarticulat leather so	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5642	Above knee leather socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5644	Above knee wood socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5645	Bk flex inner socket ext fra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5646	Below knee cushion socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5647	Below knee suction socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5648	Above knee cushion socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5651	Ak flex inner socket ext fra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5652	Suction susp ak/knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5670	Bk molded supracondylar susp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5671	BK/AK locking mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5672	Bk removable medial brim sus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5673	Socket insert w lock mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5704	Custom shape cover BK	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5705	Custom shape cover AK	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5706	Custom shape cvr knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5714	Knee-shin exo variable frict	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5722	Knee-shin pneum swg frct exo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5724	Knee-shin exo fluid swing ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5726	Knee-shin ext jnts fld swg e	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5728	Knee-shin fluid swg & stance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5780	Knee-shin pneum/hydra pneum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5785	Exoskeletal bk ultralt mater	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

L5790	Exoskeletal ak ultra-light m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5795	Exoskel hip ultra-light mate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5814	Endo knee-shin hydal swg ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5816	Endo knee-shin polyc mch sta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5818	Endo knee-shin frct swg & st	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5822	Endo knee-shin pneum swg frc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5824	Endo knee-shin fluid swing p	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5826	Miniature knee joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5828	Endo knee-shin fluid swg/sta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5830	Endo knee-shin pneum/swg pha	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5840	Multi-axial knee/shin system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5848	Knee-shin sys hydraulic stance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5856	Elec knee-shin swing/stance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5857	Elec knee-shin swing only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5858	Stance phase only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5859	Knee-shin pro flex/ext cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5961	Endo poly hip pneu/hyd/rot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5962	Below knee flex cover system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5964	Above knee flex cover system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5966	Hip flexible cover system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5968	Multiaxial ankle w dorsiflex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5969	Ak/ft power asst incl motors	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5970	Foot external keel sach foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5973	Ank-foot sys dors-plant flex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5976	Energy storing foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5978	Ft prosth multiaxial anl/ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5979	Multi-axial ankle/ft prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5980	Flex foot system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5981	Flex-walk sys low ext prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5982	Exoskeletal axial rotation u	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5984	Endoskeletal axial rotation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5985	Lwr ext dynamic prosth pylon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5986	Multi-axial rotation unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5987	Shank ft w vert load pylon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L5999	Lowr extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L6026	Part hand myo exclu term dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6611	Additional switch ext power	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6621	Flex/ext wrist w/wo friction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6646	Multipo locking shoulder jnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6648	Ext pwrld shlder lock/unlock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6715	Terminal Device Multiple Articulating Digit Includes Motor(S) Initial Issue Or Replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6880	Electric Hand Switch Or Myoelectric Controlled Independently Articulating Digits Any Grasp Pattern Or Combination Of Grasp Patterns Includes Motor(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6881	Term dev auto grasp feature	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6882	Microprocessor control uplmb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6883	Replc sockt below e/w disa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

L6884	Replc sockt above elbow disa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6885	Replc sockt shldr dis/interc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6920	Wrist disarticul switch ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6925	Wrist disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6930	Below elbow switch control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6935	Below elbow myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6940	Elbow disarticulation switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6945	Elbow disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6950	Above elbow switch control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6955	Above elbow myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6960	Shldr disartic switch contro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6965	Shldr disartic myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6970	Interscapular-thor switch ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L6975	Interscap-thor myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7007	Adult electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7008	Pediatric electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7009	Adult electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7040	Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7045	Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7170	Electronic elbow hosmer swit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7180	Electronic elbow sequential	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7181	Electronic elbo simultaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7185	Electron elbow adolescent sw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7186	Electron elbow child switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7190	Elbow adolescent myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7191	Elbow child myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7259	Electronic wrist rotator any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7360	Six volt bat otto bock/eq ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7362	Battery chrgr six volt otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7364	Twelve volt battery utah/equ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7366	Battery chrgr 12 volt utah/e	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7367	Replacmnt lithium ionbatter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7368	Lithium ion battery charger	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L7900	Male vacuum erection system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L7902	Tension ring for vacuum erection device any type replacement only each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2022	-	Add effective 06/15/2022
L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L8600	Implant breast silicone/eq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L8603	Collagen imp urinary 2.5 ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L8604	Dextranomer/hyaluronic acid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L8605	Inj bulking agent anal canal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
L8606	Synthetic implnt urinary 1ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L8608	Arg ii ext com/sup/acc misc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
L8609	Artificial cornea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L8612	Aqueous shunt prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

L8613	Ossicula implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/15/2022	–	Add effective 06/15/2022
L8614	Cochlear device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8615	Coch implant headset replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8616	Coch implant microphone repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8617	Coch implant trans coil repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8618	Coch implant tran cable repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8619	Coch imp ext proc/contr rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8621	Repl zinc air battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8622	Repl alkaline battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8623	Lith ion batt CID non-earlvi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8624	Lith ion batt cid ear level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8625	Charger coch impl/aoi battry	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8627	CID ext speech process repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8628	CID ext controller repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8629	CID transmit coil and cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8679	Imp neurosti pls gn any type	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8680	Implt neurostim elctr each	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8681	Pt prgrm for implt neurostim	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8682	Implt neurostim radiofq rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8683	Radiofq trsmtr for implt neu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8684	Radiofq trsmtr implt scr1 neu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8685	Implt nrostm pls gen sng rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8686	Implt nrostm pls gen sng non	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8687	Implt nrostm pls gen dua rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8688	Implt nrostm pls gen dua non	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8689	External recharg sys intern	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8690	Aud osseo dev int/ext comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8691	Aoi snd proc repl excl actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8692	Non-osseointegrated snd proc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8693	Aud osseo dev abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8694	Aoi transducer/actuator repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8695	External recharg sys extern	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
L8698	Misc used with tot art heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
M0075	Cellular therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	–	Add effective 01/01/2023
M0076	Prolotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	12/31/2022	Retire effective 12/31/2022
M0300	IV chelationtherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
M0301	Fabric wrapping of aneurysm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1003	Tb scr 12 mo pri fst bio dz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1004	Doc med rsn no rsn tb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1005	Tb scr no perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1006	Dz not ases no rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1007	>=50% total pt outpt ra enct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1008	<50% total pt outpt ra encts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1009	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1010	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1011	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1012	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1013	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1014	Dc epi care doc medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1015	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	12/31/2020	Retire effective 12/31/2020
M1016	Pt dx meop or sur steri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1017	Pt admnt to palitve serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1018	Pt dx hst cr pt sk lg cr scr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1019	Adl pt mj dep ds rs 12 phq<5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1020	Adl pt mj dep ds no rs 12 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
M1021	Pt uc in pp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–

M1145	Most favored nation (mfn) model drug add-on amount, per dose, (do not bill with line items that have the jw modifier)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	Retire effective 01/27/2022
M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M1149	Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
P2031	Hair analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
P9020	Plaelet rich plasma unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
P9099	Blood component/product noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
P9603	One-way allow prorated miles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
P9604	One-way allow prorated trip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
P9615	Urine specimen collect mult	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0092	Set up port xray equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0477	Pwr module pt cable lvad rpl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0478	Power adapter combo vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0479	Power module combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0480	Driver pneumatic vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0481	Micropcsr cu elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0482	Micropcsr cu combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0483	Monitor elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0484	Monitor elec or comb vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0485	Monitor cable elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0486	Mon cable elec/pneum vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0487	Leads any type vad rep only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0488	Pwr pack base elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0489	Pwr pck base combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0490	Emr pwr source elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0491	Emr pwr source combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0492	Emr pwr cbl elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0493	Emr pwr cbl combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0494	Emr hd pmp elec/combo rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0495	Charger elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0496	Battery elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0497	Bat clps elec/comb vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0498	Holster elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0499	Belt/vest elec/combo vad rep	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0500	Filters elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0501	Shwr cov elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0502	Mobility cart pneum vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0503	Battery pneum vad replacemnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0504	Pwr adpt pneum vad rep veh	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0506	Lith-ion batt elec/pneum VAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0507	Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q0510	Dispens fee immunosuppressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q0513	Disp fee inhal drugs/30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q0514	Disp fee inhal drugs/90 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q0515	Sermorelin acetate injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q2026	Radiesse injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q2041	Axicabtagene ciloleucel car+	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
Q2042	Tisagenlecleucel car-pos t	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	–
Q2043	Sipuleucel-T Minimum Of 50 Million Autologous	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	10/10/2021	Moved to PA code list
Q2050	Doxorubicin inj 10mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	–	–
Q2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q2053	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	–	Add effective 04/01/2021
Q2054	Lisocabtagene Maraleucel Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	10/1/2021	–	Add effective 10/01/2021
Q2055	Idecabtagene Vicleucel Car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	1/1/2022	–	Add effective 01/01/2022
Q2056	Inj tebentafusp-tebn 1 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.	10/1/2022	–	Add effective 10/1/2022
Q3001	Brachytherapy Radioelements	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–	Moved to PA code list
Q3014	Telehealth Facility Fee	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	–	–	–
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q4082	Drug/bio NOC part B drug CAP	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q4100	Skin substitute NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	–	–	–
Q4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4103	Oasis burn matrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4103	Oasis burn matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4104	Integra BMWD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4104	Integra BMWD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4105	Integra drt or omnigraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4106	Dermagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4110	Primatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4111	Gammagraft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4111	Gammagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4112	Cymetra, injectable, 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4112	Cymetra, injectable, 1 cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4113	Graftjacket xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4113	Graftjacket xpress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4114	Integra flowable wound matri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–

Q4115	Alloskin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4116	Alloderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4117	Hyalomatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4118	Matristem micromatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4121	Theraskin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4122	Dermacell awm porous sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	3/31/2021	Retired effective 03/31/2021
Q4122	Dermacell awm porous sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/15/2021	–	–
Q4123	Alloskin Rt Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4123	Alloskin Rt Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4124	Oasis Ultra Tri-Layer Wound Matrix Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4124	Oasis Ultra Tri-Layer Wound Matrix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4125	Arthroflex Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4125	Arthroflex Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4126	Memoderm/derma/tranz/integup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4127	Talymed Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4127	Talymed Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4128	Flexhd/Allopatchhd/matrixhd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4130	Strattice Tm Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4130	Strattice Tm Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4132	Grafix core grafixpl core	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4133	Grafix stravax prime pl sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4134	hMatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4134	hMatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4135	Mediskin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4136	EZderm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4137	Amnioexcel biodexcel 1sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4139	Amnio or biodmatrix inj 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4141	Alloskin ac 1 cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4141	Alloskin ac 1 cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4142	Xcm biologic tiss matrix 1cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4143	Repriza 1cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4146	Tensix 1cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4147	Architect ecm px fx 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4148	Neox neox rt or clarix cord	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–

Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4149	Excellagen 0.1 cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4152	Dermapure 1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4154	Biovance 1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4155	Neoxflo or clarixflo 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4156	Neox 100 or clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4157	Revitalon 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4158	Kerecis omega3 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4158	Kerecis omega3 per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4159	Affinity1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	1/31/2022	Retire effective 01/31/2022
Q4159	Affinity1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	2/1/2022	–	Add effective 02/01/2022
Q4160	Nushield 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4161	Bio-konnekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4161	Bio-konnekt per square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4162	Wndex flw bioskn flw 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4163	Woundex bioskin per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4164	Helicoll per square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4165	Keramatrix Kerasorb sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4166	Cytal per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4167	Truskin per sq centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4171	Interfyl 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4173	Palingen or palingen xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4174	Palingen or promatr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4175	Miroderm, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2021	–	–
Q4175	Miroderm, per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	3/31/2021	Retired
Q4176	Neopatch or therion, per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4177	Floweramnioflo 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4178	Floweramniopatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4179	Flowerderm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4179	Flowerderm per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4181	Amnio wound per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4182	Transcyte per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4182	Transcyte per sq centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4183	Surgigraft 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4184	Cellesta or duo per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–

Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	–	–
Q4188	Amnioarmor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4193	Coll-e-derm 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4195	Puraply 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4196	Puraply am 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4199	Cygnus Matrix Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	–	Add effective 04/15/2022
Q4199	Cygnus Matrix Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022; Retire effective 04/14/2022
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4200	Skin te 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4201	Matrion 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4202	Kerxxx (2.5g/cc) 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4202	Kerxxx (2.5g/cc) 1cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4203	Derma-gide 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4203	Derma-gide 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4204	Xwrap 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4205	Membrane graft or wrap sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4206	Fluid flow or fluid gf 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4208	Novafix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4210	Axolotl graf dualgraf sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4211	Amnion bio or axobio sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4215	Axolotl ambient cryo 0.1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4216	Artacent cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4217	Woundfix biowound plus xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4220	Bellacell HD Surederm sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4220	Bellacell HD Surederm sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–	–
Q4222	Progenamatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	–	–
Q4222	Progenamatrix per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	5/14/2021	Retired
Q4224	Hhf10-p per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	–	–	Added to list

Q4225	Amniobind per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	–	Added to list
Q4227	Amniocore per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4228	Bionextpatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	Retired Retire effective 12/31/2020
Q4229	Cogenex amnio memb per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4230	Cogenex flow amnion 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4233	Surfactor /nudyn per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4234	Xcellerate per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4235	Amniorepair or altiply sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4236	Carepatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	Retired Retire effective 12/31/2020
Q4237	Cryo-cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4238	Derm-maxx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 7/1/2022	–	Added to list
Q4238	Derm-maxx per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	6/30/2022 Retire effective 06/30/2022
Q4239	Amnio-maxx or lite per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4240	Corecyte topical only 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4241	Polycyte topical only 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4242	Amniocyte plus per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4248	Dermacyte amn mem allo sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	–	–
Q4249	Amniply per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–
Q4249	Amniply per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021 Retired
Q4250	Amnioamp-mp per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–
Q4250	Amnioamp-mp per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021 Retired
Q4251	Vim Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	– Add effective 04/15/2022
Q4251	Vim Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022 Add effective 10/01/2021; Retire effective 04/14/2022
Q4252	Vendaje Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	– Add effective 04/15/2022
Q4252	Vendaje Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022 Add effective 10/01/2021; Retire effective 04/14/2022
Q4253	Zenith Amniotic Membrane Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	– Add effective 04/15/2022
Q4253	Zenith Amniotic Membrane Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022 Add effective 10/01/2021; Retire effective 04/14/2022
Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–
Q4254	Novafix dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021 Retired
Q4255	Reguard topical use per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	–
Q4255	Reguard topical use per sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	–	2/28/2021 Retired
Q4256	Mlg complet per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	–	Added to list
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	–	Added to list
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website 4/1/2022	–	Added to list
Q4259	Celera Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	– Add effective 01/01/2023
Q4259	Celera Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	12/31/2022 Retire effective 12/31/2022; Add effective 07/01/2022
Q4260	Signature Apatch Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	– Add effective 01/01/2023
Q4260	Signature Apatch Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	12/31/2022 Retire effective 12/31/2022; Add effective 07/01/2022
Q4261	Tag Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2023	– Add effective 01/01/2023
Q4261	Tag Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2022	12/31/2022 Retire effective 12/31/2022; Add effective 07/01/2022
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	–	Added to PA code list
Q5010	Hospice home care in hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	–	–
Q5101	Injection Filgrastim-Sndz Biosimilar (Zarxio) 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	– Add effective 10/01/2021

Q5103	Injection inflectra	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5104	Injection renflexis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5107	Inj mvasi 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5108	Injection Pegfilgrastim-Jmdb Biosimilar (Fulphila) 0.5 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5110	Injection Filgrastim-Aafi Biosimilar (Nivestym) 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
Q5112	Inj ontruzant 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5113	Inj hersuma 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5114	Inj ogivri 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5115	Inj truxima 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5116	Inj. trazimera 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5117	Inj. kanjinti 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5118	Inj. zirabev 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5119	Inj ruxience 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p _		10/10/2021	Moved to PA code list
Q5120	Injection Pegfilgrastim-Bmez Biosimilar (Ziextenzo) 0.5 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
Q5121	Inj. avsolat 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
Q5122	Injection Pegfilgrastim-Apgf Biosimilar (Nyvepria) 0.5 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	—	Add effective 10/01/2021
Q5123	Inj. Riabni 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p 7/1/2021		10/10/2021	Moved to PA code list
Q5124	Inj. Byooviz 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2022	—	Add effective 04/01/2022
Q5125	Inj releuko 1 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2022		Add effective 10/1/2022
Q9001	Va chaplain assessment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
Q9002	Va chaplain counsel individu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
Q9003	Va chaplain counsel group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
Q9004	Department of veterans affairs whole health partner services	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	10/1/2021	—	Add effective 10/01/2021
Q9969	Non-HEU TC-99M add-on/dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
R0070	Transport portable x-ray	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
R0075	Transport port x-ray multipl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
R0076	Transport portable EKG	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0013	Esketamine, nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0126	Inj follitropin alfa 75 iu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0128	Inj follitropin beta 75 iu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0132	Inj ganirelix acetat 250 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0155	Epoprostenol dilutant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0157	Becaplermin gel 1% 0.5 gm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S0189	Testosterone pellet 75 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	10/1/2022	Retire effective 10/01/2022
S0197	Prenatal vitamins 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0207	Paramedicintercep nonhospals	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0208	Paramed intrcept nonvol	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0209	WC van mileage per mi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0215	Nonemerg transp mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

S0250	Comp geriatr asmt team	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
S0257	End of life counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2020	Retire effective 12/31/2020
S0260	H&P for surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0271	Home hospice case 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0302	Completed EPSDT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0310	Hospitalist visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0340	Lifestyle mod 1st stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0341	Lifestyle mod 2 or 3 stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0342	Lifestyle mod 4th stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0390	Rout foot care per visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0395	Impression casting ft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0510	Non-Prescription Lens (Safety Athletic Or Sunglass) Per Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
S0516	Safety Eyeglass Frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
S0518	Sunglasses Frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
S0596	Phakic iol refractive error	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S0800	Laser in situ keratomileusis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0810	Photorefractive keratotomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S0812	Phototherap keratect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1001	Deluxe item	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
S1030	Gluc monitor purchase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1031	Gluc monitor rental	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1034	Art pancreas system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1035	Art pancreas inv disp sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1036	Art pancreas ext transmitter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1037	Art pancreas ext receiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1040	Cranial remodeling orthosis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S1091	Stent, non-coronary, temporary, with delivery system (propel)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	—	Add effective 04/01/2021
S2053	Transplantation of small int	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2054	Transplantation of multivisc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2055	Harvesting of donor multivisc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2060	Lobar lung transplantation	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2061	Donor lobectomy (lung)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2065	Simult panc kidn trans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2080	Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2083	Adjustment gastric band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2095	Transcath emboliz microspher	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2102	Islet cell tissue transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2103	Adrenal tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2107	Adoptive immunotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2112	Knee arthroscop harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2117	Arthroereisis subtalar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	—	—	—
S2118	Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2120	Low density lipoprotein(LDL)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2140	Cord blood harvesting	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2142	Cord blood-derived stem-cell	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2150	BMT harv/transpl 28d pkg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	—	—	—
S2152	Solid organ transpl pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
S2205	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	7/31/2022	Retire effective 07/31/2022
S2206	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	7/31/2022	Retire effective 07/31/2022
S2207	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	7/31/2022	Retire effective 07/31/2022
S2208	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	7/31/2022	Retire effective 07/31/2022
S2209	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	7/31/2022	Retire effective 07/31/2022
S2230	Implant semi-imp hear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

S2235	Implant auditory brain imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2300	Arthroscopy shoulder surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S2348	Decompress disc RF lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2400	Fetal surg congen hernia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2401	Fetal surg urin trac obstr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2402	Fetal surg cong cyst malf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2403	Fetal surg pulmon sequest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2404	Fetal surg myelomeningo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2405	Fetal surg sacrococ teratoma	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S2411	Fetoscop laser ther TTTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2900	Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S3650	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S3652	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S3849	Gene test Niemann-Pick	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
S3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S4011	IVF package	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4013	Compl GIFT case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4014	Compl ZIFT case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4015	Complete IVF nos case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4016	Frozen IVF case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4017	IVF canc a stim case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4018	F EMB trns case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4020	IVF canc a aspir case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4021	IVF canc p aspir case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4022	Asst oocyte fert case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4023	Incompl donor egg case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4025	Donor serv IVF case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4026	Procure donor sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4027	Store prev froz embryos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4028	Microsurg epi sperm asp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4030	Sperm procure init visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4031	Sperm procure subs visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4037	Cryo embryo transf case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4040	Monit store cryo embryo 30 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4042	Ovulation mgmt per cycle	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4990	Nicotine Patches Legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
S4991	Nicotine Patches Non-Legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
S5108	Home care training to home care client per 15 minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	5/1/2021	-	Add effective 05/01/2021
S5110	Home care training family; per 15 minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	5/1/2021	-	Add effective 05/01/2021
S5111	Home care training family; per session	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	5/1/2021	-	Add effective 05/01/2021
S5130	Homemaker service nos per 15m	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S5131	Homemaker service nos /diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S5162	Emergency Response System; Purchase Only	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
S5165	Home modifications per serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5181	HH respiratory thrpy nos/day	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
S5190	Wellness assessment by nonph	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
S5199	Personal care item nos each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S5497	HIT cath care noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
S8030	Tantalum ring application	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
S8035	Magnetic source imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S8040	Topographic brain mapping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S8130	Interferential Current Stimulator 2 Channel	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S8131	Interferential Current Stimulator 4 Channel	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S8185	Flutter device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S8189	Trach supply noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S8301	Infect control supplies NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S8940	Hippotherapy per session	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-

S8948	Low-level laser trmt 15 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S8990	Pt or manip for maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S9024	Paranasal sinus ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9055	Procuren or other growth fac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S9090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S9117	Back school visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9122	Home health aide or certified	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9123	Nursing care in home RN	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9124	Nursing care in the home; b	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9128	Speech therapy in the home	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9129	Occupational therapy in the	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9131	PT in the home per diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9145	Insulin pump initiation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9208	Home mgmt preterm labor	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9335	HT hemodialysis diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9340	HIT enteral per diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9341	HIT enteral grav diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9342	HIT enteral pump diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9343	HIT enteral bolus nurs	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9355	HIT chelation diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9364	HIT tpn total diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9365	HIT tpn 1 liter diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9366	HIT tpn 2 liter diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9367	HIT tpn 3 liter diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9368	HIT tpn over 3l diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement to PA code list	-	-	-
S9381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9430	Pharmacy comp/disp serv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9432	Medical Foods For Non-Inborn Errors Of Metabolism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
S9433	Medical food oral 100% nutr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9445	PT education noc individ	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9446	PT education noc group	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9537	HT hem horm inj diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9542	HT inj noc per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9558	HT inj growth horm diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9560	HT inj hormone diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9562	HT inj palivizumab diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9810	HT pharm per hour	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9960	Air ambulanc nonemerg fixed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9961	Air ambulanc nonemerg rotary	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9975	Transplant related per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9976	Lodging per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9977	Meals per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9988	Serv part of phase I trial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9990	Services provided as part of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9991	Services provided as part of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9992	Transportation costs to and	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9996	Meals for clinical trial par	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9999	Sales tax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1000	Private duty/independent nsg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1014	Telehealth Transmit Per Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1030	RN home care per diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	3/1/2021	-	-
T1031	LPN home care per diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	3/1/2021	-	-

T1032	Sv doula brth wrk per 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	10/1/2022	—	—
T1033	Sv doula brth wrk per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	10/1/2022	—	—
T1040	Comm bh clinic svc per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T1041	Comm bh clinic svc per month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T1505	Elec med comp dev noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T1999	NOC retail items andsupplies	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2012	Habil ed waiver per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2013	Habil ed waiver per hour	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2014	Habil prevoc waiver per d	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2015	Habil prevoc waiver per hr	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2016	Habil res waiver per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2017	Habil res waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2018	Habil sup empl waiver/diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2020	Day habil waiver per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2021	Day habil waiver per 15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2024	Serv asmnt/care plan waiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2025	Waiver service nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2026	Special childcare waiver/d	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2027	Spec childcare waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2028	Special supply nos waiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2030	Assist living waiver/month	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2031	Assist living waiver/diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2032	Res care nos waiver/month	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2033	Res nos waiver per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2034	Crisis interven waiver/diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2035	Utility services waiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2036	Camp overnite waiver/session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2038	Comm trans waiver/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2040	Financial mgt waiver/15min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2041	Support broker waiver/15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
T2047	Hab prevoc waiver per 15	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T2050	Financial mgt waiver/diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2022	—	Added to list
T2051	Support broker waiver/diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2022	—	Added to list
T2101	Breast milk proc/store/dist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4536	Reusable pull-on any size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4537	Reusable underpad bed size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4538	Diaper serv reusable diaper	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4539	Reuse diaper/brief any size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4540	Reusable underpad chair size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4541	Large disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4542	Small disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4543	Adult disp brief/diaper avb xl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4544	Adlt disp und/pull on avb xl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T4545	Incon disposable penile wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
T5999	Supply nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V2025	Eyeglasses deluxe frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V2199	Lens single vision not oth c	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V2523	Cntct lens hydrophil extend	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2524	Cntct lens hydrophil photoch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2530	Contact lens gas impermeable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2531	Contact lens gas permeable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—

V2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V2600	Hand Held Low Vision Aids And Other Nonspectacle Mounted Aids	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2627	Scleral cover shell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V2744	Tint Photochromatic Per Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2745	Addition To Lens; Tint Any Color Solid Gradient Or Equal Excludes Photochromatic Any Lens Material Per Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2750	Anti-reflective coating	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V2755	UV lens/es	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V2756	Eye Glass Case	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2760	Scratch resistant coating	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2761	Mirror coating	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2762	Polarization any lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	—	Add effective 01/01/2022
V2787	Astigmatism-correct function	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2788	Presbyopia-correct function	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2790	Amniotic membrane	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V2799	Misc vision item or service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V5011	Hearing aid fitting/checking	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2021	—	Add effective 01/01/2021
V5090	Hearing aid dispensing fee	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V5095	Implant mid ear hearing pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	—	—	—
V5264	Ear mold/insert	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2021	Retire effective 12/31/2021
V5265	Ear mold/insert disp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2021	Retire effective 12/31/2021
V5267	Hearing aid sup/access/dev	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	—	—	—
V5268	ALD Telephone Amplifier	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V5269	Alerting device any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
V5270	ALD TV amplifier any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	12/31/2021	Retire effective 12/31/2021
V5271	ALD TV caption decoder	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—