

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 medical policy impacts all our coverage decisions.

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.
iviencal Policy Chiefia (IVIP Chiefia)	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.
PRI	ESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.
No	te: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.

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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			
00104	Allestil Electroshock	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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
01942	Anes Neuromd/Ntrvrt Lmbr/Sac	post-service review.	1/1/2022	-	Add effective 01/01/2022
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11055	Trim Skin Lesion	post-service review.	-	-	-
11056	Trim Skin Lesions 2 To 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11056	Trim Skin Lesions 2 10 3	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.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11721	Debride Nail 6 Or More	post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11920	Correct Skin Color 6.0 Cm/<	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			
11921	Confect 3kn Color 0.1-20.0Cm	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11951	Tx Contour Defects 1.1-5.0Cc	post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11952	Tx Contour Defects 5.1-10Cc	post-service review.	-	-	-
11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11554		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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
11971	Rmvl Tis Xpndr Wo Insj Implt	post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11980	Implant Hormone Pellet(S)	post-service review.	-	-	-
11981	Insert Drug Implant Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
11901	Insert Drug Implant Device	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
15758	Free Fascial Flap Microvasc	post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
15769	Grfg Autol Soft Tiss Dir Exc	post-service review.	-	-	-
15771	Grfg Autol Eat Line 50 Cold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12//1	Grfg Autol Fat Lipo 50 Cc/<	post-service review.	-	-	-
15772	Grfg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
-32		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	Gfrg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
15775	Hair Trnspl 1-15 Punch Grfts	post-service review.	-	-	_

15776	Hair Trnspl >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-
5780	Dermabrasion Total Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	_
5781	Dermabrasion Segmental Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
5782	Dermabrasion Other Than Face	post-service review. – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5783	Dermabrasion Suprfl Any Site	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5788	Chemical Peel Face Epiderm	post-service review.	-
5789	Chemical Peel Face Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
5792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
5793	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
5820	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	_
5821	Revision Of Lower Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
5822	Revision Of Upper Eyelid	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5823	Revision Of Upper Eyelid	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5824	Removal Of Forehead Wrinkles	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
825	Removal Of Neck Wrinkles	post-service review.	-
826	Removal Of Brow Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
828	Removal Of Face Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-
829	Removal Of Skin Wrinkles	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	_
5830	Exc Skin Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
5832	Excise Excessive Skin Thigh	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5833	Excise Excessive Skin Leg	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
834	Excise Excessive Skin Hip	post-service review.	-
5835	Excise Excessive Skin Buttck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
5836	Excise Excessive Skin Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – –	-
5837	Excise Excess Skin Arm/Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – –	-
5838	Excise Excess Skin Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_
5839	Excise Excess Skin & Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
5847	Exc Skin Abd Add-On	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
5876	Suction Lipectomy Head&Neck	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
5877	Suction Lipectomy Trunk	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-
878	Suction Lipectomy Upr Extrem	post-service review.	-
5879	Suction Lipectomy Lwr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – –	_
999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_
	Removal Of Pressure Sore Destruction Of Skin Lesions	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-
106		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-
7106 7107	Destruction Of Skin Lesions Destruction Of Skin Lesions	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-
'106 '107 '108	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-
7106 7107 7108 7340	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-
7106 7107 7108 7340	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-
7106 7107 7108 7340 7360	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-
7106 7107 7108 7340 7360 7380	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-
1106 1107 1108 3340 3360 3380	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	- - - - -
106 107 108 340 360 380 380 9999 105	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis Skin Tissue Procedure Cryosurg Ablate Fa Each Prep Tum Cav Iort Prtl Mast	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - - - - - - - -
2106 2107 2108 2340 2360 2380 2999 20105 2294 2296	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis Skin Tissue Procedure Cryosurg Ablate Fa Each Prep Tum Cav Iort Prtl Mast Place Po Breast Cath For Rad	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	Moved to PA code list Moved to PA code list
2106 2107 2108 2340 2360 2380 2999 20105 2294 2296 2297	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis Skin Tissue Procedure Cryosurg Ablate Fa Each Prep Tum Cav Iort Prtl Mast Place Po Breast Cath For Rad Place Breast Cath For Rad	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	Moved to PA code list Moved to PA code list Moved to PA code list
1107 1107 1108 3340 3360 3380 9999 1105 2994 2994 2994 2995 2997 2995	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis Skin Tissue Procedure Cryosurg Ablate Fa Each Prep Tum Cav lort Prtl Mast Place Po Breast Cath For Rad Place Breast Cath For Rad Place Breast Rad Tube/Caths	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	Moved to PA code list
5999 7106 7107 7340 7340 7340 7340 7340 7340 7340 73	Destruction Of Skin Lesions Destruction Of Skin Lesions Destruction Of Skin Lesions Cryotherapy Of Skin Skin Peel Therapy Hair Removal By Electrolysis Skin Tissue Procedure Cryosurg Ablate Fa Each Prep Tum Cav Iort Prtl Mast Place Po Breast Cath For Rad Place Breast Cath For Rad	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	Moved to PA code list Moved to PA code list Moved to PA code list

19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
9324	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
9325	Breast Augmentation W/Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
9328	Rmvl Intact Breast Implant	post-service review.	-	-
9330	Rmvl Ruptured Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
9340	Insj Breast Implt Sm D Mast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
9342	Insj/Rplcmt Brst Implt Sep D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
9350	Breast Reconstruction	post-service review.	-	-
9355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
9357	Tiss Xpndr Plmt Brst Rcnstj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
366	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
9370	Revj Peri-Implt Capsule Brst	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
371	Peri-Implt Capslc Brst Compl	post-service review.	-	-
9380	Revj Reconstructed Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
396	Design Custom Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
499	Breast Surgery Procedure	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
527	Inj Dupuytren Cord W/Enzyme	post-service review.	-	-
560	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	-	-
0561	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	-	_
0693	Adjust Bone Fixation Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	-	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
694	Remove Bone Fixation Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
696	Comp Multiplane Ext Fixation	post-service review.	-	-
697	Comp Ext Fixate Strut Change	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
930	Sp Bone Algrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_
931	Sp Bone Algrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
932	Osteoart Algrft W/Surf & B0	post-service review.	-	-
933	Hemicrt IntrcIry Algrft PrtI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
934	Intercalary Algrft Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
0936	Sp Bone Agrft Local Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_
937	Sp Bone Agrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_
938	Sp Bone Agrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
974	Electrical Bone Stimulation	post-service review.	-	-
975	Electrical Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
979	Us Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
982	Ablate Bone Tumor(S) Perg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
983	Ablate Bone Tumor(S) Perq	post-service review.	-	-
985	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	-	-
999	Musculoskeletal Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
010	Incision Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
.025	Excision Of Bone Lower Jaw	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
.026	Excision Of Facial Bone(S)	post-service review.	-	-
050	Removal Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
060	Remove Jaw Joint Cartilage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
	Remove Coronoid Process	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	
	Remove Loronom Process	post-service review.	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predatermination to avoid		
070	Mnpj Of Tmj W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
1070 1073			-	-
.070 .073 .083	Mnpj Of Tmj W/Anesth	post-service review	-	-
1070 1073 1083 1085	Mnpj Of Tmj W/Anesth Prepare Face/Oral Prosthesis Prepare Face/Oral Prosthesis	post-service review	- - -	- - -
1070 1073 1083 1085 1089	Mnpj Of Tmj W/Anesth Prepare Face/Oral Prosthesis	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	_	_	_
21122	Reconstruction Of Chin	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
21122		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21123	Reconstruction Of Chin	post-service review.	-	-	-
1125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
1127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
1141	Lefort I-1 Piece W/O Graft	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21142	Lefort I-2 Piece W/O Graft	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	_	-	-
21146	Lefort I-2 Piece W/ Graft	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21147	Lefort I-3/> Piece W/ Graft	post-service review.	-	-	-
21150	Lefort li Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21151	Lefort li W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
1154	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21155	Lefort Iii W/ Lefort I	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21193	Reconst Lwr Jaw W/O Graft	post-service review.	-	-	-
1194	Reconst Lwr Jaw W/Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
1195	Reconst Lwr Jaw W/O Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
1196	Reconst Lwr Jaw W/Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1198	Reconstr Lwr Jaw Segment	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21199	Reconstr Lwr Jaw W/Advance	post-service review.	-	_	-
1206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
1208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
1209	Reduction Of Facial Bones	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
.1209		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1210	Face Bone Graft	post-service review.	-	-	-
1215	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	_	_	_
1242	Reconstruction Of Jaw Joint	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1243	Reconstruction Of Jaw Joint	post-service review.	-	-	-
1244	Reconstruction Of Lower Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
1245	Reconstruction Of Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
1246	Reconstruction Of Jaw	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1248	Reconstruction Of Jaw	post-service review.	1/1/2022	-	Add effective 01/01/2022
1282	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
1299	Cranio/Maxillofacial Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
1480	Reset Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1485	Reset Dislocated Jaw	post-service review.	_	-	-
1490	Repair Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			-
1499	Head Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1685		post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
21685 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
	Reconstruction Of Sternum Repair Stern/Nuss W/O Scope	post-service review.	1/15/2022 1/15/2022	-	Add effective 01/15/2022 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.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
22505	Manipulation Of Spine	post-service review.	-	-	-
22510	Perq Cervicothoracic Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
22511	Perq Lumbosacral Injection	post-service review.	-	-	-
22512	Vertebroplasty Addl Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
22312	vertebropiasty Addi inject	post-service review.	-	-	-
22513	Perq Vertebral Augmentation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
22544		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
22514	Perq Vertebral Augmentation	post-service review.	-	-	-
22515	Perq Vertebral Augmentation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
22526	Idet Single Level	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		12/31/2022	Retire effective 12/31/2022
		post-service review.	-	1-1-1	
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 Mare Levels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/31/2022	Retire effective 12/31/2022
	Idet 1 Or More Levels	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
22548	Neck Spine Fusion	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	5/1/2021		Add effective 05/01/2021
10022	week spine i useakemov bei C2	post-service review.	5/ 1/ 2021	-	Aud enective 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
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- /- /		
22554	Neck Spine Fusion	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	Prescrl 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.	_	_	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- /- /		
22590	Spine & Skull Spinal Fusion	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	5/1/2021	_	Add effective 05/01/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
22600	Neck Spine Fusion	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 22634	Lumbar Spine Fusion Combined	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	-
22800	Spine Fusion Extra Segment Post Fusion 6 Vert Seg</td <td>MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.</td> <td>_</td> <td>_</td> <td></td>	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. 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					
22810	Ant Fusion 2-3 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	
	Ant Fusion 2-3 Vert Seg Ant Fusion 4-7 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	
22812	Ant Fusion 4-7 Vert Seg Ant Fusion 8/> Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_ _ _		
22840	Ant Fusion 4-7 Vert Seg Ant Fusion 8/> Vert Seg Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_ 	- - - -
22840 22841	Ant Fusion 4-7 Vert Seg Ant Fusion 8/> Vert Seg Insert Spine Fixation Device Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	- - - - -	- - - - -
22840 22841 22842	Ant Fusion 4-7 Vert Seg Ant Fusion 8/> Vert Seg Insert Spine Fixation Device Insert Spine Fixation Device Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - - -	- - - - - - -	- - - - - -
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2870	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
2899	Spine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-
929	Shoulder Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-
300	Manipulate Elbow W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
999	Upper Arm/Elbow Surgery	post-service review. –		
259	Manipulate Wrist W/Anesthes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- 6/30/2022	– Retire effective 06/30/2022
		post-service review.	0/30/2022	Netire enective 00/30/2022
999	Forearm Or Wrist Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	-	-
340	Manipulate Finger W/Anesth	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	6/30/2022	Retire effective 06/30/2022
341	Manipulat Palm Cord Post Inj	post-service review.	-	-
5989	Hand/Finger Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
7096	Inject Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
275	Manipulation Of Hip Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
279	Arthrodesis Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
280	Fusion Of Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
299	Pelvis/Hip Joint Surgery	post-service review. –		
412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
415	Osteochondral Knee Allograft	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
416	Osteochondral Knee Autograft	post-service review.	-	-
7570	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
7599	Leg Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
702	Reconstruct Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
7703	Reconstruction Ankle Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
704	Removal Of Ankle Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
7860	Fixation Of Ankle Joint	post-service review. – – – – – – – – – – – – – – – – – – –	6/30/2022	Retire effective 06/30/2022
7899	Leg/Ankle Surgery Procedure	post-service review. –		
3446	Osteochondral Talus Autogrft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
		post-service review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	-
890	Hi Enrgy Eswt Plantar Fascia	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
3899	Foot/Toes Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
9799	Casting/Strapping Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
9800	Jaw Arthroscopy/Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
9804	Jaw Arthroscopy/Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
9862	Hip Arthr0 W/Debridement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 1/1/2022 1/1/2022	_	Add effective 01/01/2022
9866	Autgrft ImpInt Knee W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
9867	Allgrft Implnt Knee W/Scope	post-service review. – – – – – – – – – – – – – – – – – – –		_
9868	Meniscal Trnspl Knee W/Scpe	post-service review. – – – – – – – – – – – – – – – – – – –		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
9914	Hip Arthro W/Femoroplasty	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
9915	Hip Arthro Acetabuloplasty	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
916	Hip Arthro W/Labral Repair	post-service review.	-	-
9999	Arthroscopy Of Joint	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
0120	Revision Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
0150	Partial Removal Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
0400	Reconstruction Of Nose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
0410	Reconstruction Of Nose	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0420	Reconstruction Of Nose	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_
0430	Revision Of Nose	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
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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	5/15/2021	_	_
30468		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	 Retired
30468	Rpr Nsl Vlv Collapse W/Implt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	5/14/2021	Ketired
30801	INSJ PERQ VAD R HRT VENOUS	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 Ndsc Surg Max Sins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
31296	Nsl/Sins Ndsc Surg Frnt Sins	post-service review.	-	-	-
31297	Nsl/Sins Ndsc Surg Sphn Sins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31298	Nsl/Sins Ndsc Surg Frnt&Sphn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
31299	Sinus Surgery Procedure	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
31649	Bronchial Valve Remov Addl	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 Thermoplsty 1 Lobe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
31661	Bronch Thermoplsty 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
32553	Ins Mark Thor For Rt Perq	post-service review.	-	-	-
32701	Thorax Stereo Rad Targetw/Tx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	po <u>s</u> t-service review.	_	Moved to PA code list
32850	Donor Pneumonectomy	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.			
32853 32854	Lung Transplant Double Lung Transplant With Bypass	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
32854	Lung Transplant With Bypass	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
32854 32855 32856	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- - -	- - -
32854 32855	Lung Transplant With Bypass Prepare Donor Lung Single	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- - -	- - -
32854 32855 32856	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	- - - -	- - - -
32854 32855 32856 32994	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - -	- - - - -	- - - -
32854 32855 32856 32994 32998 32999	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - - -	- - - -
32854 32855 32856 32994 32998 32999 33202	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Epicard Eltrd Open	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - -	- - - - -	- - - - - -
32854 32855 32856 32994 32998 32999 33202 33203	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - -	- - - - - - - -	- - - - - - -
32854 32855 32856 32994 32998 32999 33202	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Epicard Eltrd Open	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - -	- - - - - - - - - -	- - - - - - - -
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32854 32855 32856 32994 32998 32999 33202 33203 33211	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Epicard Eltrd Open Insert Card Electrodes Dual	 MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Polic	- - - - - - - - - - - - -	- - - - - - - -	- - - - - - - - -
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32854 32855 32856 32994 32998 33202 33203 33211 33213 33216 33217	Lung Transplant With Bypass Prepare Donor Lung Single Prepare Donor Lung Double Ablate Pulm Tumor Perq Crybl Ablate Pulm Tumor Perq Rf Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual Insert 1 Electrode Pm-Defib Insert 2 Electrode Pm-Defib	 MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Polic	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - -
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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	08/01/2021 -	Add effective 08/01/2021
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	08/01/2021 -	Add effective 08/01/2021
33267	Excl Laa Open Any Method	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	Add effective 01/01/2022
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33268	Excl Laa Opn Oth Px Any Meth	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022 _	Add effective 01/01/2022
33269	Excl Laa Thrscp Any Method	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		_
33275	Tcat Rmvl Perm Ldls Pm W/Img	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
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33285	Insj Subq Car Rhythm Mntr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
33286	Rmvl Subq Car Rhythm Mntr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
33289	Tcat Impl Wrls P-Art Prs Snr	post-service review.		-
33340	Perq Clsr Tcat L Atr Apndge	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		_
33364	Replace Aortic Valve Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
33365	Replace Aortic Valve Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
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33366	Trcath Replace Aortic Valve	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
33367	Replace Aortic Valve W/Byp	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
33368	Replace Aortic Valve W/Byp	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		_
33542	Removal Of Heart Lesion	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
33548	Restore/Remodel Ventricle	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
33894	Evasc St Rpr Thrc/Aa Acrs Br	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022 _	Add effective 01/01/2022
33895	Evasc St Rpr Thrc/Aa X Crsg	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		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
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33930	Rmvl Rplcmt Hrt Sys F/Trnspl Removal Of Donor Heart/Lung	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
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33930 33933 33935		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	 	-
33933	Removal Of Donor Heart/Lung Prepare Donor Heart/Lung	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	 	- - - - -
33933 33935	Removal Of Donor Heart/Lung Prepare Donor Heart/Lung Transplantation Heart/Lung	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - -
33933 33935 33940 33944	Removal Of Donor Heart/Lung Prepare Donor Heart/Lung Transplantation Heart/Lung Removal Of Donor Heart	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		- - - - - - -
33933 33935 33940 33944 33945	Removal Of Donor Heart/Lung Prepare Donor Heart/Lung Transplantation Heart/Lung Removal Of Donor Heart Prepare Donor Heart	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - - - - - -
33933 33935 33940	Removal Of Donor Heart/Lung Prepare Donor Heart/Lung Transplantation Heart/Lung Removal Of Donor Heart Prepare Donor Heart Transplantation Of Heart	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		- - - - - - - - - -

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	_	_	
33980	Remove Intracorporeal Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
<u> </u>	Remove intractiporeal Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
33981	Replace Vad Pump Ext	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	_	_	_
33990	Insj Perq Vad L Hrt Arterial	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1		
—		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
33991	Insj Perq Vad L Hrt Artl&Ven	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	Reposg Perq R/L Hrt Vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33995	Insj Perg Vad R Hrt Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
22007	Drawl Dorg Dight Heart Vad	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
33997	Rmvl Perq Right Heart Vad	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	4/1/2021	8/14/2022	Add effective 04/01/2021; Retire
36262	Removal Of Infusion Pump	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		8/14/2022	effective 08/14/2022 Retire effective 08/14/2022
	· · · ·	post-service review.	-	8/14/2022	Netire enective 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 Sclrsnt 1 Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
36466	Njx Noncmpnd Sclrsnt Mlt Vn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
36468	Njx Sclrsnt Spider Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
36470	Njx Sclrsnt 1 Incmptnt Vein	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
36471	Njx Sclrsnt Mlt Incmptnt Vn	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	_	_	_
36475	Endovenous Rf 1St Vein	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
36476	Endovenous Rf Vein Add-On	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
36478	Endovenous Laser 1St Vein	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	_	_	_
36483	Endoven Ther Chem Adhes Sbsg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
—	· .	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
36511	Apheresis Wbc	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	1	8/14/2022	Retire effective 08/14/2022
<u> </u>	Transcath Stent Cca W/Eps	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		
37215		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
37216	Transcath Stent Cca W/O Eps	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	_		_
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
37242	Vasc Embolize/Occlude Artery	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
37243	Vasc Embolize/Occlude Organ	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	_	_	_
<u> </u>		post-service review.			
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
37700	Revise Leg Vein	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	_	_	_
1	-	post-service review.			

37765	Stab Phleb Veins Xtr 10-19	post-service review. —		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
37766	Phleb Veins - Extrem 20+	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
37780	Revision Of Leg Vein	m Criteria - rocecure/service reviewed against includar only criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
37785	Ligate/Divide/Excise Vein	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	Bl 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 38240	Bone Marrow Harvest Autolog	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		
38240	Transplt Allo Hct/Donor Transplt Autol Hct/Donor	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement		 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	Incision Of Lymph Channels	post-service review.	-	
38589 38999	Incision Of Lymph Channels Laparoscope Proc Lymphatic	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - -	- - -
38589 38999 39499	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure	post-service review	- - - -	- - - -
38589 38999 39499 39599	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _	- - - - -	- - - -
38589 38999 39499 39599 40799	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _	- - - - -	- - - - -
38589 38999 39499 39599 40799 40899	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _	- - - - - -	
38589 38999 39499 39599 40799 40899 41019	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _	- - - - - - - -	Moved to PA code list -
38308 38589 38999 39499 39599 40799 40899 41019 41120	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ MP Criteria: Procedure/service in this code group may require Prior Authorization per contract dagreement. _	- - - - - - - - - - -	
38589 38999 39499 39599 40799 40899 41019 41120 41512	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. _ MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. _ MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. _	- - - - - - - - - -	
38589 38999 39499 39599 40899 40899 41019 41120 41512 41530	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - -	
38589 38999 39499 39599 40799 40899 41019 41120	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - - -	
38589 38999 39499 39599 40799 40899 41120 41512 41530 41899	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue And Mouth Surgery	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		
38589 38999 39499 39599 40799 40899 41019 41120 41512 41530 41599	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue And Mouth Surgery Dental Surgery Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		
38589 38999 39499 39599 40799 40899 41120 41512 415530 41899 42145	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue And Mouth Surgery Dental Surgery Procedure Excision Of Uvula	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		- - - - -
38589 38999 39499 39599 40799 40899 41120 41512 41530 41599 42140 42145 42299	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue Base Vol Reduction Tongue Base Vol Reduction Excision Of Uvula Repair Palate Pharynx/Uvula	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		
38589 38999 39499 39599 40799 40899 41120 41512 41530 41599 42145 42299 42699	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue Base Vol Reduction Congue And Mouth Surgery Dental Surgery Procedure Excision Of Uvula Repair Palate Pharynx/Uvula Palate/Uvula Surgery Salivary Surgery Procedure	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		- - - - - -
38589 38999 39499 39599 40799 40899 41019 41120 41512 41599 412140 42140 42299	Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Mouth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Suspension Tongue Base Vol Reduction Tongue Base Vol Reduction Tongue Base Vol Reduction Excision Of Uvula Repair Palate Pharynx/Uvula	post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical 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	_	_	_
43210	Egd Esophagogastrc Fndoplsty	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43229	Esophagoscopy Lesion Ablate	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2/1/2022	-	Add effective 02/01/2022
43236	Uppr Gi Scope W/Submuc Inj	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/Thrml 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	2/1/2022	_	Add effective 02/01/2022
43284	Laps Esophgl Sphnctr Agmntj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43285	Rmvl Esophgl Sphnctr Dev	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. Pric MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	or <u>Authorization may be</u> r	equired per contract ag	gr ê&oved tto PA code list
43633	Removal Of Stomach Partial	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43644	Lap Gastric Bypass/Roux-En-Y	post-service review.	-	-	-
43645	Lap Gastr Bypass Incl Smll 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	_	_	-
43659	Laparoscope Proc Stom	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43771	Lap Revise Gastr Adj Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43772	Lap Rmvl Gastr Adj Device	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	_	_	_
43843	Gastroplasty W/O V-Band	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
43845		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Gastroplasty Duodenal Switch	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43846	Gastric Bypass For Obesity	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
43847	Gastric Bypass Incl Small I	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	_	_	_
43887	Remove Gastric Port Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
43888	Change Gastric Port Open	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
44132	Enterectomy Cadaver Donor	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 44136	Intestine Transplnt Cadaver Intestine Transplant Live	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	-
44130	Remove Intestinal Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
44238	Laparoscope Proc Intestine	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	
		MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
44705	Prepare Fecal Microbiota	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
44715	Prepare Donor Intestine	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.			
44070					
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.			
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
46707	Repair Anorectal Fist W/Plug	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	_	_	_
47142	Partial Removal Depart liver	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
4/142	Partial Removal Donor Liver	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
47143	Prep Donor Liver Whole	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	_	_	_
47146	Prep Donor Liver/Venous	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
47140	Prep Donor Liver/venous	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
47147	Prep Donor Liver/Arterial	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
47380	Open Ablate Liver Tumor Rf	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	_	_	_
47202		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
47383	Perq Abltj Lvr Cryoablation	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. Price	r <u>A</u> uthorization may be re	equired per contract ag	r ê4oved tto PA code list
48160	Pancreas Removal/Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	_
48550	Donor Pancreatectomy	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	_	_	_
48554	Transpl Allograft Pancreas	post-service review. 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	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50323	Prep Cadaver Renal Allograft	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50329	Prep Renal Graft/Ureteral	post-service review.	-	-	-

50340				
50540	Removal Of Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
0360	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_
0365	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_
0370	Remove Transplanted Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
)541	Laparo Ablate Renal Cyst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
05.40	Lauran Ablata Daval Mara	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
)542	Laparo Ablate Renal Mass	post-service review.	-	-
)547	Laparo Removal Donor Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
0549	Laparoscope Proc Renal	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_
0592	Perc Rf Ablate Renal Tumor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
5552		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
0593	Perc Cryo Ablate Renal Tum	post-service review.	-	-
0949	Laparoscope Proc Ureter	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_
1715	Endoscopic Injection/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review	-	-
1999	Laparoscope Proc Bla	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
2287	Cystoscopy Chemodenervation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
2327	Cystoscopy Inject Material	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
2441	Cystourethro W/Implant	post-service review.	-	-
2442	Cystourethro W/Addl Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3451	Tprnl Balo Cntnc Dev Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 1/1/2022		Add effective 01/01/2022
	-	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid	_	
3452	Tprnl Balo Cntnc Dev Uni	post-service review.	-	Add effective 01/01/2022
3453	Tprnl Balo Cntnc Dev Rmvl Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 1/1/2022 post-service review.	-	Add effective 01/01/2022
3454	Tprnl Balo Cntnc Dev Adjmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 1/1/2022	_	Add effective 01/01/2022
0055	Jacob Darast Handbard Charat	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
3855	Insert Prost Urethral Stent	post-service review.	-	-
8860	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.	-	-
3899	Urology Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_
4125	Removal Of Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
4125	Removal of Fellis	post-service review.	-	-
4200				
4200	Treatment Of Penis Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
	Treatment Of Penis Lesion Treatment Of Penis Lesion	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
4205	Treatment Of Penis Lesion	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
4205 4235		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - -
4205 4235	Treatment Of Penis Lesion	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. -	- - - -	- - -
4205 4235 4240	Treatment Of Penis Lesion Penile Injection	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	- - - -	- - - -
4205 4235 4240 4360	Treatment Of Penis Lesion Penile Injection Penis Study Penis Plastic Surgery	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	- - - - -	- - - -
4205 4235 4240 4360 4400	Treatment Of Penis Lesion Penile Injection Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	- - - - -	- - - - -
4205 4235 4240 4360 4400	Treatment Of Penis Lesion Penile Injection Penis Study Penis Plastic Surgery	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	- - - - - - -	- - - - - -
4205 4235 4240 4360 4400 4401	Treatment Of Penis Lesion Penile Injection Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria	- - - - - - - - -	- - - - - -
4205 4235 4240 4360 4400 4401 4405	Treatment Of Penis Lesion Penile Injection Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis Insert Self-Contd Prosthesis	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/servi	- - - - - - - - - -	- - - - - - -
4205 4235 4240 4360 4400 4401 4405 4406	Treatment Of Penis Lesion Penile Injection Penis Study Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis Insert Self-Contd Prosthesis Insert Multi-Comp Penis Pros Remove Muti-Comp Penis Pros	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria	- - - - - - - - - - - -	- - - - - - - -
4205 4235 4240 4360 4400 4401 4405 4406	Treatment Of Penis Lesion Penile Injection Penis Study Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis Insert Self-Contd Prosthesis Insert Multi-Comp Penis Pros	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mpst-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mpst-service review. - -	- - - - - - - - - - - - -	- - - - - - - - -
1205 1235 1240 1360 1400 1401 1405 1406 1408	Treatment Of Penis Lesion Penile Injection Penis Study Penis Study Penis Plastic Surgery Insert Semi-Rigid Prosthesis Insert Self-Contd Prosthesis Insert Multi-Comp Penis Pros Remove Muti-Comp Penis Pros	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - most-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Cri	- - - - - - - - - - - - - - -	- - - - - - - - - - -
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5874	Tprnl Plmt Biodegrdabl Matrl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Moved to PA code list
5875	Transperi Needle Place Pros	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Moved to PA code list
5876	Place Rt Device/Marker Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	,	post-service review. –		-	-
5880	ABLTJ MAL PRST8 TISS HIFU	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		_	-
5899	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior A	Authorization may be r	required per contrac	t agr &&ovend tto PA code list
920	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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
5970	Sex Transformation M To F	post-service review.		-	-
5980	Sex Transformation F To M	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
700	PARTIAL REMOVAL OF HYMEN	post-service review.	0/1/2022		
5805	Repair Clitoris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.		-	-
810	Repair Of Perineum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
155	Insert Uteri Tandem/Ovoids	post-service review. –	-		Moved to PA code list
155	Ins Vag Brachytx Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement			Moved to PA code list
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Noved to FA code list
291	Construction Of Vagina	post-service review.		-	-
292	Construct Vagina With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
292	Construct Vagina With Graft	post-service review.		-	-
295	Revise Vag Graft Via Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. –		-	-
296	Revise Vag Graft Open Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		_	-
225	B to Martin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
335	Repair Vagina	post-service review.			-
426	Revise Prosth Vag Graft Lap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.		-	-
346	Insert Heyman Uteri Capsule	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Moved to PA code list
578	Laparo Proc Uterus	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_
579	Hysteroscope Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-
674	Lans Abiti Literine Eibroids	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
074	Laps Abltj Uterine Fibroids	post-service review.		-	-
679	Laparo Proc Oviduct-Ovary	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
	· · ·			-	-
750 752	Repair Oviduct Revise Ovarian Tube(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
970 974	Retrieval Of Oocyte	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
	Transfer Of Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
976	Transfer Of Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
999	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-
070		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4 12024		
072	Umbilical Cord Occlud W/Us	post-service review.	/1/2021	-	-
9074	Fetal Fluid Drainage W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 3	/1/2021		
		post-service review.		-	-
076	Fetal Shunt Placement W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		_	_
897	Fetal Invas Px W/Us	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-
898	Laparo Proc Ob Care/Deliver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
050				-	-
899	Maternity Care Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_
659	Laparo Proc Endocrine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	-
600	Endooring Surgers Press 1 4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	0/1/2022		Add offertive to lot locat
699	Endocrine Surgery Procedure	post-service review.	0/1/2022	-	Add effective 10/01/2022
699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
				-	-
.215	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
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
	Intracranial Angioplasty			-	-
630		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		-	-
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Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 Moved to PA or Contract Spinal Lesion 40 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 0 Sins Spinal Lesion 40 MP Criteria: Procedure/service in his code group may require Prior Authorization per contract agreement. 0 0 0 Sins Spinal Lesion 40 MP Criteria: Pr	053	Lam Factc/Frmt Arthrd Lum Ea		1/1/2022	_	Add effective 01/01/2022
56550 Implant Neuroelectrodes MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
19555 Implant Neuroelectrodes MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.						Moved to PA code list
56561 Remove Spine Eltrd Pera Aray MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.						-
3662 Remove Spine Eltrd Plate MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.				-	-	-
3664 Revise Spine Eltrd Plate MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.				_		-
63685 Inst/Redo Spine N Generator MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	663	Revise Spine Eltrd Perq Aray	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
83688 Revise/Remove Neuroreceiver MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid pots-service review.	664	Revise Spine Eltrd Plate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
64555 N Block Spenopalatine Gangl MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – </td <td>685</td> <td>Insrt/Redo Spine N Generator</td> <td>MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.</td> <td></td> <td></td> <td></td>	685	Insrt/Redo Spine N Generator	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
64505 N Block Spenopalatine Gangl pot-service review. – – – – 64553 Implant Neuroelectrodes MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – 64555 Implant Neuroelectrodes MP Criteria: Procedure/service review 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. –	688	Revise/Remove Neuroreceiver				
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64555 Implant Neuroelectrodes MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	1553	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
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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. -			MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
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. - <						
B4588 Inc For Vagus N Elect Impl post-service review. – –				-	-	-
6459 Revise/Repi Vagus N Eltrd post-service review. – <	-568	Inc For Vagus N Elect Impl	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. _ _ _ 64580 Implant Neuroelectrodes MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. _ _ _ _ 64581 Implant Neuroelectrodes MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. _ _ _ _ _ 64582 Opn Mpltj HpgIsl Nstm Ary Pg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. _	1569	Revise/Repl Vagus N Eltrd			-	-
64575 Implant Neuroelectrodes MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1570	Remove Vagus N Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
64580 Implant Neuroelectrodes MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1575	Implant Neuroelectrodes		_	_	_
64581 Implant Neuroelectrodes MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -				_	_	_
64582 Opn Mpltj Hpglsl 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 O 64583 Rev/Rplct Hpglsl 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 O 64583 Rev/Rplct Hpglsl 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 O 64584 Rmvl Hpglsl 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 O 64585 Revise/Remove Neuroelectrode MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/2022 Add effective O			MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
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64585 Revise/Remove Neuroelectrode MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement	1584	Rmvl Hpglsl Nstim Ary Pg		1/1/2022		Add effective 01/01/2022
164590 Insrt/Redo Pn/Gastr Stimul MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.						
	1585					

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.	-	_
<i></i>		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
64624	Dstrj Nulyt Agt Gnclr Nrv	post-service review.	-	_
64625	Rf Abltj Nrv Nrvtg Si Jt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
		Ill: Procedure (caprice not reimbursed by the Plan, Not subject to pre-service review, Pefer to Provider		
64628	Trml Dstrj Ios Bvn 1St 2 L/S	Website Coding and Compensation Non-reimbursable EIU policy. 8/1/20	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 1/1/20	2022 7/31/2	2022 Add effective 01/01/2022; Retire
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		effective 07/31/2022
64629	Trml Dstrj Ios Bvn Ea Addl	Website Coding and Compensation Non-reimbursable EIU policy. 8/1/20	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 1/1/20	2022 7/31/	2022 Add effective 01/01/2022; Retire
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		effective 07/31/2022
64633	Destroy Cerv/Thor Facet Jnt	post-service review.	-	_
64634	Destroy C/Th Facet Jnt Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	Sector of the accession and	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		
04050	Destroy L/S Facet Jitt Addi	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.	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
64716	Revision Of Cranial Nerve	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	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. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
65730	Corneal Transplant	post-service review.	-	_
65750	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
05750		post-service review.	-	-
65755	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
65756	Corposi Tracal Endethalial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
05750	Corneal Trnspl Endothelial	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		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	Corneal Tissue Transplant			
	Corneal Tissue Transplant	post-service review.	-	-
65770	Corneal Tissue Transplant Revise Cornea With Implant		-	-
65770 65771		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
65771	Revise Cornea With Implant Radial Keratotomy	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
	Revise Cornea With Implant	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. _ MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid _ post-service review. _	_ 	- - - -
65771	Revise Cornea With Implant Radial Keratotomy	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		- - - -
65771 65772 65775	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid _ MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid _ MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid _		- - - -
65771 65772	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - - -
65771 65772 65775	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - -
65771 65772 65775 65778 65779	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane Cover Eye W/Membrane Suture	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - - -
65771 65772 65775 65778	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - - - - -
65771 65772 65775 65778 65779	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane Cover Eye W/Membrane Suture	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -		- - - - - - - -
65771 65772 65775 65778 65779 65780 65785	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane Cover Eye W/Membrane Suture Ocular Reconst Transplant Impltj Ntrstrml Crnl Rng Seg	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	- - - - - - - - -
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65771 65772 65775 65778 65779 65780 65785	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane Cover Eye W/Membrane Suture Ocular Reconst Transplant Impltj Ntrstrml Crnl Rng Seg	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. - MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedur	- - - - - - - - - - - - - -	- - - - - - - - - -
65771 65772 65775 65778 65779 65780 65785 66174 66175	Revise Cornea With Implant Radial Keratotomy Correction Of Astigmatism Correction Of Astigmatism Cover Eye W/Membrane Cover Eye W/Membrane Suture Ocular Reconst Transplant Impltj Ntrstrml Crnl Rng Seg Translum Dil Eye Canal Trnslum Dil Eye Canal W/Stnt	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - -	- - - - - - - - - - -
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7225				
	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
7299	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_
345	Destroy Nerve Of Eye Muscle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
399	Unlisted Px Extraocular Musc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	
599	Orbit Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
900	Repair Brow Defect	post-service review	-	-
901	Repair Eyelid Defect	post-service review.	-	-
902	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
903	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
904	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
906	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
908	Repair Eyelid Defect	post-service review. – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
909	Revise Eyelid Defect	 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 	-	-
911	Revise Eyelid Defect	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
912	Correction Eyelid W/Implant	post-service review.	-	-
916	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
917	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
923	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	
924	Repair Eyelid Defect	post-service review. – – – – – – – – – – – – – – – – – – –		
		post-service review.	-	-
999	Revision Of Eyelid	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	_	-
399	Eyelid Lining Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
841	Insj Rx Elut Implt Lac Canal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20	022 _	Add effective 01/01/2022
899	Tear Duct System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
090	Pierce Earlobes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
300	Revise External Ear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
399	Outer Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
705	Nps Surg Dilat Eust Tube Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
706	Nps Surg Dilat Eust Tube Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
710	Implant/Replace Hearing Aid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review.	-	
711	Remove/Repair Hearing Aid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
714		post-service review.	-	-
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37115 37715 37716 37717 37718 37719 37727 3799 9930 9930 9934 993554 5555 1262 1263 35571	Temple Bne Implint W/Stimulat Impltj OI Implt Skl Tc Esp Temple Bone Implant Revision Revise Temple Bone Implant Revi/Rplcmt OI Implt Tc Esp Rmvl OI Implt Skl Tc Esp Rmvl OI Implt Skl Tc Esp Middle Ear Surgery Procedure Implant Cochlear Device Implant Cochlear Device Inner Ear Surgery Procedure Temporal Bone Surgery Fmri Brain By Phys/Psych Ct Colonography Dx Ct Colonography Dx W/Dye	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review. - MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review. <	022 Retired 022 022 022 022 022 - 12/31/2020 12/31/2020 12/31/2020	Add effective 01/01/2022 - Retired effective 12/31/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Moved to PA code list
7715 7716 7717 7719 7729 7729 9930 9930 9949 9949 99554 9555 555 5261 2262 2262	Temple Bne Implnt W/Stimulat Impltj Oi Implt Skl Tc Esp Temple Bone Implant Revision Revise Temple Bone Implant Revi/Rplcmt Oi Implt Tc Esp Rmvl Oi Implt Skl Tc Esp Rmvl Oi Implt Skl Tc Esp Middle Ear Surgery Procedure Implant Cochlear Device Inner Ear Surgery Procedure Temporal Bone Surgery Fmri Brain By Tech Fmri Brain By Phys/Psych Ct Colonography Dx W/Dye Ct Colonography Screening	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/20 Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review. - MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review. - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/Clinical review. -	022 Retired 022 022 022 022 022 - 12/31/2020 12/31/2020 12/31/2020	Add effective 01/01/2022 - Retired effective 12/31/202 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Moved to PA code list

6120	Cine/Video X-Rays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5125	Cine/Video X-Rays Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
390	Mr Spectroscopy	post-service review.	-	- 12/31/2020	 Moved to PA code list
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Woved to PA code list
496	Fluoroscopic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
497 498	Ct Procedure Mri Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio			
			Autorization mag	y be required per contra	ct agreeninement en oved 04/01/20
499	Radiographic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
873	Echograp Trans R Pros Study	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	Moved to PA code list
5940	Us Guide Tissue Ablation	post-service review.	-	-	-
5948	Echo Guide Ova Aspiration	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
5965	Echo Guidance Radiotherapy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
5999	Echo Examination Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
7013	Ct Guide For Tissue Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
7022	Mri Gdn Parnchyma Tiss Abltj	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
7048	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
7049	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
7089	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
7090	Tbs Techl Prep&Transmis Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
	iss real repartaisins bata	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1,1,2022	-	, dd chiceare 01, 01, 2022
7091	Tbs Techl Calculation Only	post-service review.	1/1/2022	-	Add effective 01/01/2022
7092	Tbs I&R Fx Rsk Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
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7261	Radiation Therapy Planning	post-service review.	-	-	-
7262	Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
7262		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
7263	Radiation Therapy Planning	post-service review.	-	-	-
7293	Respirator Motion Mgmt Simul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
7299	Radiation Therapy Planning	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
7301	Radiotherapy Dose Plan Imrt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- Moved to PA code list
7316	Brachytx Isodose Plan Simple	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
7317	Brachytx Isodose Intermed	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
7318	Brachytx Isodose Complex	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
7332	Radiation Treatment Aid(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
7333	Radiation Treatment Aid(S)	post-service review.	-	-	-
7334	Radiation Treatment Aid(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
7338	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
7399	External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
7432	Stereotactic Radiation Trmt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- Moved to PA code list
7435	Sbrt Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
7469	Io Radiation Tx Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_		Moved to PA code list
7499	Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
7790	Radiation Handling	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		Moved to PA code list
7799	Radium/Radioisotope Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	
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//99					
	Endocrine Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-
8099		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-
8099 8199	Blood/Lymph Nuclear Exam		-	-	-
8099 8199 8299		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
8099 8199	Blood/Lymph Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			- - -
8099 3199 3299 3399	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	- - - -	-
8099 3199 3299 3399	Blood/Lymph Nuclear Exam Gi Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - - -	- - - -
8099 8199 8299	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	- - - - -	- - - -
3099 3199 3299 3399 3429 3430	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - - - -	- - - -
3099 3199 3299 3399 3429 3430	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct	 Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - - - - -	- - - - - -	- - - - -
3099 3199 3299 3399 3429 3430 3431	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - -	- - - - - - - -	- - - - - -
3099 3199 3299 3399 3429 3430 3431 3432	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst&Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - -	- - - - - - - -	- - - - - -
8099 3199 3299 3399 3429 3430 3431 3432 3433	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer Myocrd Img Pet 2Rtracer Ct	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - -	- - - - - - - - - - - -	- - - - - - -
8099 3199 3299 3399 3429 3430 3431 3432 3433	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst&Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - - - -	- - - - - - - - - -	- - - - - - - - - -
3099 3199 3299 3399 3429 3430 3431 3432 3433 3434	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer Myocrd Img Pet 2Rtracer Ct	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - - -	- - - - - - - - - -	- - - - - - - - -
3099 3199 3299 3399 3429 3430 3431 3432 3433 3434 34359	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer Myocrd Img Pet 2Rtracer Ct Aqmbf Pet Rest & Rx Stress	 Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - - - - - - - - - - - - - - -	- - - - - - - - - -	- - - - - - - - - -
8099 8199 8299 8399 8429 8430 8431 8433 8433	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myoord Img Pet 1 Std W/Ct Myoord Img Pet Rst&Strs W/Ct Myoord Img Pet 2Rtracer Myoord Img Pet 2Rtracer Myoord Img Pet 2Rtracer Ct Aqmbf Pet Rest & Rx Stress	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - -	- - - - - - - - - - - - - -
3099 3199 3299 3399 3429 3430 3431 3432 3433 3434 3435	Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myocrd Img Pet 1 Std W/Ct Myocrd Img Pet Rst/Strs W/Ct Myocrd Img Pet Rst&Strs Ct Myocrd Img Pet 2Rtracer Myocrd Img Pet 2Rtracer Ct Aqmbf Pet Rest & Rx Stress	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - - - - - -		- - - - - - - - - - -

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 Loclzj 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 Loclzj 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 78803	Rp Loclzj Tum Whbdy 1 D Img Rp Loclzj Tum Spect 1 Area	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020 12/31/2020	Moved to PA code list Moved to PA code list
78804	Rp Locizj 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 78815	Pet Image W/Ct Lmtd Pet Image W/Ct Skull-Thigh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020 12/31/2020	Moved to PA code list 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 Loclzj 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 Loclzj 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 Loclzj 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.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	_
80145	Drug Assay Adalimumab	post-service review.	-	-	-
80220	Drug Asy Hydroxychloroquine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
00220	Dave Assess Inflicians In	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
80230	Drug Assay Infliximab	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	_	_	_
01105		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
81106	Hpa-2 Genotyping	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			
51105		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			
	F	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
81111	Hpa-9 Genotyping	post-service review.	-	-	-
81112	Hpa-15 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
81120	Idh1 Common Variants	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- Moved to PA code list
81120	Idh2 Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81161	Dmd Dup/Delet Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
		post-service review.	-	-	-
81168 81170	Ccnd1/lgh Translocation Alys Abl1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021 Moved to PA code list
81175	Assl1 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
81176	Asxl1 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 Gen Detc Abnor Allel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81188 81191	Cstb Gene Detc Abnor Allele Ntrk1 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		-	Moved to PA code list Add effective 07/01/2021
81191 81192	Ntrk1 Translocation Analysis Ntrk2 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021 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	Bckdhb Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	Moved to PA code list
81206	Bcr/Abl1 Gene Major Bp	post-service review.	-	-	-
81207	Bcr/Abl1 Gene Minor Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
81208	Bcr/Abl1 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
	Cebpa Gene Full Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
	Calr Cone Com Variants	INF CITCEID, FLOCEDULE/SELVICE III LIIS CODE BLOOD HIAV FEDULE PHOT AUTIONZATION DEL CONTRACT AGREEMENT.	-	-	Moved to PA code list
81218 81219 81224	Calr Gene Com Variants Cftr Gene Intron Poly T				Moved to PA code list
	Calr Gene Com Variants Cftr Gene Intron Poly T Cyp3A5 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Moved to PA code list Moved to PA code list
81219 81224	Cftr Gene Intron Poly T	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		

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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	Woved to FA code list
81241	F5 Gene	post-service review.	-	-	-
81242	Fancc Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
81243	Fmr1 Gene Detection	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
81257			-	-	
	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 Rearrangeabn 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 Vrnts	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 Analys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Moved to PA code list
81273	Kit Gene Analys 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 Prmtr Mthyltn 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/Delet	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81328	Slco1B1 Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
01520	Sicolol Gene com vananca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	Moved to FA tode list
81329	Smn1 Gene Dos/Deletion Alys	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 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
81340	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
81342 81343	Ppp2R2B Gen Detc Abnor Allel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81343 81344	Tbp Gene Detc Abnor Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81344 81345		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	
	Tert Gene Targeted Seq Alys Tyms Gene Com Variants		-	-	Moved to PA code list
81346	,	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 Chrml Abnr Lw-Ps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	3/31/2022	Add effective 01/01/2022; Moved to PA list
81352	Tp53 Gene Trgt Sequence Alys	post-service review. 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. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021 Add effective 07/01/2021
51337	SEAL GENE COMMON VAIIdHIS			-	
01260	Zrer3 Cono Common Visionte	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021
	Zrsr2 Gene Common Variants	MP Criteria: Procedure /service in this code group may require Prior Autheningtion and an enter the		-	Moved to PA code list
81361	Hbb Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		Mound to BA and - list
81361 81363	Hbb Gene Com Variants 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
81361 81363	Hbb Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list Moved to PA code list
81361 81363 81364	Hbb Gene Com Variants Hbb Gene Dup/Del Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
81361 81363 81364 81420	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	-	Moved to PA code list
81361 81363 81364 81420 81448	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	- - -	Moved to PA code list - Moved to PA code list
81361 81363 81364 81420 81448 81479	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service in this code group may require Prior Authorization per contract agreement.		- - - - - - - - - - - - - - - - - - -	Moved to PA code list - Moved to PA code list gr&Agreedtto PA code list
81361 81363 81364 81420 81448 81479	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_ _ _ _ equired per contract an	Moved to PA code list - Moved to PA code list
81360 81361 81363 81364 81420 81448 81449 81490	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology Autoimmune Rheumatoid Arthr	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service in this code group may require Prior Authorization per contract agreement.	_ r <u>A</u> uthorization may be re 4/1/2021	_ _ _ _ _ _ _ _ _ _ _	Moved to PA code list _ Moved to PA code list gr &dvved to PA code list Add effective 04/01/2021
81361 81363 81364 81420 81448 81479	Hbb Gene Com Variants Hbb Gene Dup/Del Variants Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio MP Criteria: Procedure/service roviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Prior Authorization may be required per contract agreement.		_ _ _ _ quired per contract a; _ _	Moved to PA code list - Moved to PA code list gr&Agreedtto PA code list

81503		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/4/2023		
	Onco (Ovar) Five Proteins	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.	-	_	_
31520	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
31523	Onc Brst Mrna 70 Cnt 31 Gene	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	3/31/2022	Add effective 01/01/2022; Mov
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			to PA list
31535	Oncology Gynecologic	post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	-	Add effective 04/01/2021
31536	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
	2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/4/2024		A . (f)
81538	Oncology Lung	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
31560	Trnsplj Pd Lvr&Bwl Cd154+Cll	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
81599	Unlisted Maaa	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio		e required per contra	ct agr A4nven tto PA code list
82523	Collagen Crosslinks	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	,-		
52525	Collagen Crossiniks	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
33006	Growth Stimulation Gene 1	post-service review.	-	-	-
83521	Ig Light Chains Free Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	6/30/2022	Add effective 01/01/2022; Retir
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			effective 06/30/2022
83529	Asay Of Interleukin-6 (II-6)	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
83698	Assay Lipoprotein Pla1	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			
55704		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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
83987	Exhaled Breath Condensate	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.	-	-	-
	Thromboxane Urine Clinical Chemistry Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	– r <u>Authorization may b</u>	– <mark>e required per contra</mark>	– ct agr ééoved tto PA code list
84999		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	– r <u>Authorization may b</u> –	– <mark>e required per contra</mark> –	
<mark>84999</mark> 85999	Clinical Chemistry Test Hematology Procedure	 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider 	– r <u>A</u> uthorization may b –	– e required per contra –	
84999 85999 86001	Clinical Chemistry Test Hematology Procedure 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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. 	-	– e required per contra – –	-
84999 85999 86001	Clinical Chemistry Test Hematology Procedure	 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider 	- <u>Authorization may b</u> - - 1/1/2022	- e required per contra - - -	
84431 84999 85999 86001 86051 86052	Clinical Chemistry Test Hematology Procedure 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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 	-	_ e required per contra _ _ _ _	-
84999 85999 86001 86051 86052	Clinical Chemistry Test Hematology Procedure Allergen Specific Igg Aquaporin-4 Antb Elisa Aquaporin-4 Antb Cba 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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - 1/1/2022 1/1/2022	_ e required per contra _ _ _ _ _	- - Add effective 01/01/2022 Add effective 01/01/2022
84999 85999 86001 86051	Clinical Chemistry Test Hematology Procedure Allergen Specific Igg Aquaporin-4 Antb Elisa	 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - 1/1/2022	_ e required per contra	– – Add effective 01/01/2022
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89240 Pathology Lab Procedure Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	
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8223 Embryo Hatching post-service review.	Add effective 01/15/2022
post-service review.	
as a control of the plan. Not subject to pre-service review. 1/15/2022	-
	Add effective 01/15/2022

89254					
89255	Oocyte Identification	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
	Prepare Embryo For Transfer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
39257	Sperm Identification	post-service review.	-	-	-
39258	Cryopreservation Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9259	Cryopreservation Sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
39260	Sperm Isolation Simple	post-service review.	-	-	-
9261	Sperm Isolation Complex	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39264	Identify Sperm Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9268	Insemination Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39272	Extended Culture Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39280	Assist Oocyte Fertilization	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39281	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.	-	-	_
00004		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
89291	Biopsy Oocyte Polar Body	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.	-	-	
39331	Retrograde Ejaculation Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
39335 39337	Cryopreserve Testicular Tiss Cryopreservation Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
39342	Storage/Year Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39343	Storage/Year Sperm/Semen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
39344	Storage/Year Reprod Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
39346	Storage/Year Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
39352	Thawing Cryopresrved Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
89353	Thawing Cryopresrved Sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
89354	Thaw Cryoprsvrd Reprod Tiss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
89356	Thawing Cryopresrved 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 lg lv	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
		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
90626	Tic-Brn Enceph Vac 0.25Ml Im	NAD Calibration Depending (services and services NA) direct Deline, Calibration Contentia for any determination to evolution			Add affective 07/01/2021, Daties
	Tic-Brn Enceph Vac 0.25Ml Im Tic-Brn Enceph Vac 0.5Ml Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	6/30/2022	
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90627 90664	Tic-Brn Enceph Vac 0.5Ml Im Laiv Vacc Pandemic Intranasl	post-service review.	-	_	
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90626 90627 90664 90671 90676 90749 90759 90846 90867 90868 90869 90870 90875 90875 90875 90875 90887 90882 90885 90882 90885 90889 90899 90901 90912 90913	Tic-Brn Enceph Vac 0.5Ml Im Laiv Vacc Pandemic Intranasl Pcv15 Vaccine Im Rabies Vaccine Id Vaccine Toxoid Hep B Vac 3Ag 10Mcg 3 Dos Im Family Psytx W/O Pt 50 Min Tcranial Magn Stim Tx Plan Tcranial Magn Stim Tx Deli Tcran Magn Stim Redetemine Electroconvulsive Therapy Psychophysiological Therapy Psychophysiological Therapy Hypnotherapy Environmental Manipulation Psy Evaluation Of Records Consultation With Family Preparation Of Report Psychiatric Service/Therapy Biofeedback Train Any Meth Bfb Training 1St 15 Min	 post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-s	_ 7/1/2021 _ _	_ 7/15/2021 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	effective 06/30/2022

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1037	G-Esoph Reflx Tst W/Electrod	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
1037		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
	Esoph Imped Function Test	post-service review.	-	-	-
1038	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
L065	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.	-	-	-
1110	Ci Tarat Canada Fadanaan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1110	Gi Tract Capsule Endoscopy	post-service review.	-	-	-
1111	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
1112	Gi Wireless Capsule Measure	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
1113	Gi Trc Img Intral Colon I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2023		Add effective 01/01/2023
-		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Retire effective 12/31/2022
1113	Gi Trc Img Intral Colon I&R	post-service review.	1/1/2022	12/31/2022	effective 01/01/2022
117	Colon Motility 6 Hr Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
132	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.	-	-	_
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
.133	Electrogastrography W/Test	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
299	Gastroenterology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
			-	-	-
065	Orthoptic/Pleoptic Training	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
122	Cruste Oakth Dulars Ast Count	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
132	Cmptr Ophth Dx Img Ant Segmt	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
145	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
229	IMG RTA DETC/MNTR DS POC ALY	post-service review.		-	Retire effective 10/15/2022
273	Full Field Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
275		post-service review.	-	-	-
274	Multifocal Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review.			
499	Eye Service Or Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
512	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.	-	-	-
517	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	-	-
F17		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	Detined
517	VEMP TEST I&R CERVICAL	post-service review.	-	5/14/2021	Retired
518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	_
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
2518	VEMP TEST I&R OCULAR	post-service review.	-	5/14/2021	Retired
519	VEMP TST I&R CERVICAL&OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		
.515		Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
2519	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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
546	Sinusoidal Rotational Test	post-service review.	-	-	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
548	Ldp-Sot 6 Lond W/I&R	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
548	Cdp-Sot 6 Cond W/I&R				
	Cdp-Sot 6 Cond W/I&R 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	_	_	_
549	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.	-	– Retired	– Retired effective 12/31/202
549 559	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	- Retired	
549 559	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	– Retired 12/31/2020	– Retired effective 12/31/202 Retire effective 12/31/2020
549 559 585	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
549 559 585 586	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
549 559 585 586 590	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020 12/31/2020 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021
549 559 585 586 590 591	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears	 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 		12/31/2020 12/31/2020 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021
549 559 585 586 590 591 592	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears Hearing Aid Check One Ear	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MD Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -	12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
449 559 885 886 990 991 992 993	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears Hearing Aid Check One Ear Hearing Aid Check Both Ears	 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 	- - - - - - -	12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
449 559 885 886 990 991 992 993 993	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears Hearing Aid Check One Ear Hearing Aid Check Both Ears Electro Hearng Aid Test One	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
549 559 585 586 590 591 592 593 593 594 595	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears Hearing Aid Check One Ear Hearing Aid Check Both Ears Electro Hearng Aid Test One Electro Hearng Aid Tst Both	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
549 5559 585 586 590 591 592 593 594 595 596	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Check One Ear Hearing Aid Check One Ear Hearing Aid Check Both Ears Electro Hearng Aid Test One Electro Hearng Aid Test Both Ear Protector Evaluation	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
549 5559 585 586 590 591 592 593 593 594 595 596	Cdp-Sot 6 Cond W/I&R Mct&Adt Group Audiometric Testing Auditor Evoke Potent Compre Auditor Evoke Potent Limit Hearing Aid Exam One Ear Hearing Aid Exam Both Ears Hearing Aid Check One Ear Hearing Aid Check Both Ears Electro Hearng Aid Test One Electro Hearng Aid Tst Both	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020 12/31/2020 12/31/2021 12/31/2021 12/31/2021 12/31/2021 12/31/2021	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021 Retire effective 12/31/2021
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2978	Endoluminl Ivus Oct C 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 	-	_
2979	Endoluminl Ivus Oct C Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
3025	Microvolt T-Wave Assess	post-service review. – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
3050	Art Pressure Waveform Analys	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
3228	Remote 30 Day Ecg Rev/Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3229	Remote 30 Day Ecg Tech Supp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3241	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
3242	Ext Ecg>48Hr<7D Recording	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
3243	Ext Ecg>48Hr<7D Scan A/R	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
3244	Ext Ecg>48Hr<7D Rev&Interpj	post-service review.	12/31/2020	Retire effective 12/31/2020
3245	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
3246	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
3247	Ext Ecg>7D<15D Scan A/R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
3248	Ext Ecg>7D<15D Rev&Interpj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
2260	Prgrmg Dev Eval Impltbl Sys	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
3260		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3261	Interrogate Subq Defib	post-service review.	-	-
3264	Rem Mntr Wrls P-Art Prs Snr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3278	Ecg/Signal-Averaged	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3282	Prgrmg Eval Implantable Dfb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
3283	Prgrmg Eval Implantable Dfb	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3284	Prgrmg Eval Implantable Dfb	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3285	Prgrmg Dev Eval Scrms Ip	post-service review.	-	-
3287	Peri-Px Device Eval & Prgr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3289	Interrog Device Eval Heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3290	Interrog Dev Eval Icpms Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
3291	Interrog Dev Eval Scrms Ip	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3295	Dev Interrog Remote 1/2/Mlt	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3296	Rem Interrog Evl Pm/Ids	post-service review.	-	-
3297	Rem Interrog Dev Eval Icpms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3298	Rem Interrog Dev Eval Scrms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
3319	3D Echo Img Cgen Car Anomal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 1/1/2022	_	Add effective 01/01/2022
3356	Myocrd Strain Img Spckl Trck	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	, ,,	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3580	Transcath Closure Of Asd	post-service review.	-	-
3640	Evaluation Heart Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
3641	Electrophysiology Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 	-	-
3642	Electrophysiology Evaluation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
3644	Electrophysiology Evaluation	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
3660		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
3668	Tilt Table Evaluation Peripheral Vascular Rehab	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	-
3701	Bioimpedance Cv Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
		post-service review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
3702	Bis Xtracell Fluid Analysis	Website Coding and Compensation Non-reimbursable EIU policy. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
3740	Temperature Gradient Studies	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
3750	Interrogation Vad In Person	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
3799	Cardiovascular Procedure	. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review	_	_
3895	Carotid Intima Atheroma Eval	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	
		post-service review.	-	-

005	Home Vent Mgmt Supervision	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	12/31/2020	Retire effective 12/31/2020
014	Patient Recorded Spirometry	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
015	Patient Recorded Spirometry	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
016	Review Patient Spirometry	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
452 453	Hast W/Report Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
569	Mechanical Chest Wall Oscill	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
		post-service review.	-	_	-
799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
027	Icut Allergy Titrate-Airborn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
060	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.	_	_	_
065	Nose Allergy Test	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.	_	_	_
.99	Allergy Immunology Services	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
49	Cont Gluc Mntr Pt Prov Eqp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
00	Eeg Cont Rec W/Vid Eeg Tech	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
05	Eeg W/O Vid 2-12 Hr Unmntr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
06	Eeg Wo Vid 2-12Hr Intmt Mntr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
07	Eeg W/O Vid 2-12Hr Cont Mntr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
08	Eeg Wo Vid Ea 12-26Hr Unmntr	post-service review.	-	_	-
09	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.	-	-	-
10	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.	-	-	-
11	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
12	Veeg 2-12 Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
13	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
14	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
15	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
16	Veeg Ea 12-26Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
17	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.	-	-	-
18	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.	-	_	-
19	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.	-	-	-
20	Eeg Phy/Qhp Ea Incr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
21	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.	-	_	_
22	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.	-	_	_
23	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.	_	_	_
24	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
25	Eeg Phy/Qhp>84 Hr W/O Vid	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
26	Eeg Phy/Qhp>84 Hr W/Veeg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
82	Polysom <6 Yrs 4/> Paramtrs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- 6/15/2021	-	– Add effective 06/15/2021
83	Polysom <6 Yrs Cpap/Bilvl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	6/15/2021	_	Add effective 06/15/2021
00	Slp Stdy Unattended	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		- 11/30/2021	Retire effective 11/30/2021
01	Slp Stdy Unatnd W/Anal	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		11/30/2021	Retire effective 11/30/202
03	Actigraphy Testing	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	,,,	
05		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
05	Multiple Sleep Latency Test Sleep Study Attended	post-service review.	-	-	-
07 08	Polysom Any Age 1-3> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
10	Polysom 6/> Yrs 4/> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			_
11	Polysom 6/>Yrs Cpap 4/> Parm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	
36	Ecog Impltd Brn Npgt <30 D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
05	Motor &/ Sens Nrve 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.	-	-	-
21	Autonomic Nrv Parasym Inervj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			

95923	Autonomic Nrv Syst Funj Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
5924	Ans Parasymp & Symp W/Tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5925	Somatosensory Testing	post-service review.	-	-	-
5926	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5927	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
5930	Visual Ep Test Cns W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5938	Somatosensory Testing	post-service review.	-	-	-
5940	Ionm In Operatng Room 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5941	Ionm Remote/>1 Pt Or Per Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	Development of the Development	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	9/15/2021	-	-
5943	Parasymp&Symp Hrt Rate Test	post-service review.	9/15/2021	12/31/2021	Retired effective 12/31/2021
5954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
5961	Electrode Stimulation Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5962	Electrode Stim Brain Add-On	post-service review.	-	-	-
5965	Meg Spontaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5966	Meg Evoked Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5967	Meg Evoked Each Addl	post-service review.	-	-	-
5970 5971	Alys Npgt W/O Prgrmg Alys Smpl Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		-	
5972	Alys Cplx Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
5976	Alys Smpl Cn Npgt Prgrmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5977	Alys Cplx Cn Npgt Prgrmg	post-service review.	-	-	-
5980	Io Anal Gast N-Stim Init	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5981	Io Anal Gast N-Stim Subsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
-002		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
5982	Io Ga N-Stim Subsq W/Reprog	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
5983	Alys Brn Npgt Prgrmg 15 Min	post-service review.	-	-	-
5984	Alys Brn Npgt Prgrmg Addl 14	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
5999	Neurological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
6000	Motion Analysis Video/3D	post-service review.	-	-	-
6001	Motion Test W/Ft Press Meas	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
6002	Dynamic Surface Emg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
6003	Dunamic Fine Wire Emg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
6003	Dynamic Fine Wire Emg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
6004	Phys Review Of Motion Tests	post-service review.	-	-	-
5160	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
5170	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
5171	HIth 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
5379	Ther/Prop/Diag Inj/Inf Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
5549	Chemotherapy Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
6570	Photodynmc Tx 30 Min Add-On	post-service review.	-	-	_
6570		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
6570 6571	Photodynmc Tx 30 Min Add-On	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			- -
5570 5571 5912	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	- - -
5570 5571 5912 5913	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			-
5570 5571 5912 5913	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - 6/1/2021	- - - -	- - - - Add effective 06/01/2021
6570 6571 6912 6913 6920	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - 6/1/2021 6/1/2021	- - - -	-
6570 6571 6912 6913 6920 6921	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq Cm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - -	- - Add effective 06/01/2021
6570 6571 6912 6913 6920 6921 6922	Photodynmic Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq Cm Laser Tx Skin >500 Sq Cm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - -	- - Add effective 06/01/2021
6570 6571 6912 6913 6920 6921 6922 6931	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq Cm Laser Skin Disease Psoriasis 250-500 Sq Cm Laser Tx Skin >500 Sq Cm Rcm Celulr Subcelulr Img Skn	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - - - - - -	- - Add effective 06/01/2021
6570 6571 6912 6913 6920 6921 6922 6931	Photodynmic Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq Cm Laser Tx Skin >500 Sq Cm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - - - - - -	- - Add effective 06/01/2021
6570 6571 6912 6913 6920 6921 6922	Photodynmc Tx 30 Min Add-On Photodynamic Tx Addl 15 Min Photochemotherapy With Uv-A Photochemotherapy Uv-A Or B Laser Skin Disease Psoriasis Tot Area <250 Sq Cm Laser Skin Disease Psoriasis 250-500 Sq Cm Laser Tx Skin >500 Sq Cm Rcm Celulr Subcelulr Img Skn	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - - - - - - - - - -	- - Add effective 06/01/2021

99337	Domicil/R-Home Visit Est Pat	post-service review.	2/1/2022	6/30/2022	effective 06/30/2022
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2/4/2022	c/20/2022	Add effective 02/01/2022; Retire
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
99336	Domicil/R-Home Visit Est Pat	post-service review.	2/1/2022	6/30/2022	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	1/1/2021	Retire effective 01/01/2021 Add effective 02/01/2022; Retire
99335	Domicil/R-Home Visit Est Pat	post-service review.	2/1/2022	6/30/2022	effective 06/30/2022
		MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		Add effective 02/01/2022; Retire
99334	Domicil/R-Home Visit Est Pat	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-, 1/ 2022	1/1/2021	effective 06/30/2022 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	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire
99328	Domicil/R-Home Visit New Pat	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		1/1/2021	effective 06/30/2022 Retire effective 01/01/2021
99328	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire
99327	Domicil/R-Home Visit New Pat	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	effective 06/30/2022 Retire effective 12/31/2020
99327	Domicil/R-Home Visit New Pat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2/1/2022	6/30/2022	Add effective 02/01/2022; Retire
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
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
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
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
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
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
99199	Special Service/Proc/Report	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
99183	Hyperbaric Oxygen Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
99177	Ocular Instrumnt Screen Bil	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.		_	-
99080 99082	Special Reports Or Forms Unusual Physician Travel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99078	Group Health Education	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
99075	Medical Testimony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
99071	Patient Education Materials	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
99070	Special Supplies Phys/Qhp	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.	-	-	
99056	Med Service Out Of Office	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
99050	Medical Services After Hrs	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
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
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
98968 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
98967 98968	Hc Pro Phone Call 11-20 Min Hc Pro Phone Call 21-30 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
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
97799	Physical Medicine Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
97610	Low Frequency Non-Thermal Us	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
97608	Neg Press Wound Tx >50 Cm	wire Chenia. Procedure/service reviewed against wieucal Poincy Chenia. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
97607	Neg Press Wnd Tx <=50 Sq Cm	Wr Ciferia: Procedure/service reviewed against wedical Policy Ciferia. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
97606	Neg Press Wound Tx >50 Cm	We Citeria. Procedure/service reviewed against weucar Porcy Citeria. Subilit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Subilit for predetermination to avoid	-	-	-
97605	Neg Press Wound Tx <=50 Cm	post-service review. MP Criteria: Procedure/service reviewed against wearear outry criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
97546	Work Hardening Add-On	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
97545	Work Hardening	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
97537	Community/Work Reintegration	post-service review. 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	_	_	_
97150	Group Therapeutic Procedures	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
97139	Physical Medicine Procedure	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	_
97130	Ther Ivntj Ea Addl 15 Min	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-conjust review	_	6/30/2022	Retire effective 06/30/2022
97129	Ther Ivntj 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	6/30/2022	Retire effective 06/30/2022
97039	Physical Therapy Treatment	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-
97024	Diathermy Eg Microwave	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	6/30/2021	Retire effective 06/30/2021
97012	Mechanical Traction Therapy	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.	-	-	-
96936	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	post-service review.	-	-	-
06025	Rem Colule Cuber-Iule Ime Cl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			

9340	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
	Domicil/R-Home Care Supervis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2/1/2022	_	Add effective 02/01/2022
9429	Unlisted Preventive Service	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	
9446	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
440	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
			-		
448	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
449	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
451	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
452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2021	Retire effective 12/31/2021
9458	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
499	Unlisted E&M Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
500	Home Visit Prenatal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
9506	Home Visit Im Injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	_
9509	Home Visit Day Life Activity	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
9512	Home Visit For Hemodialysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
600	Home Visit Nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio	-	-	-
000	Home visit Nos		Authorization may be i	required per contract	agreedweddto PA code list
02M	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
03M	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
05U	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
17M	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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
18M	Trnsplj Rnl Meas Cd154+Cll	post-service review.	10/1/2021	-	Add effective 10/01/2021
23U	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
24U	Glyca Nuc Mr Spectrsc Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
- +0	cites interni opeciae Quali	post-service review.	-	-	-
25U	Tenofovir Liq Chrom Ur Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
27U	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
40U	Bcr/Abl1 Gene Major Bp Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_		Moved to PA code list
46U	Flt3 Gene Itd Variants Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
49U		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
490	Npm1 Gene Analysis Quan	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	WOVED TO PA CODE list
52U	Lpoprtn Bld W/5 Maj Classes	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
54T	Bone Srgry 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.	-	-	-
55T	Bone Srgry 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.	-	-	-
58T	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
62U	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
063U	Neuro Autism 32 Amines Alg	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
)66U	Pamg-1 la Cervico-Vag Fluid	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
)67U	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
68U	Candida Species Pnl Amp Prb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
71T	Us Leiomyomata Ablate <199	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
72T	Us Leiomyomata Ablate >199	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
75T	Perq Stent/Chest Vert Art	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
76T	S&I Stent/Chest Vert Art	post-service review.	-	-	-
84U	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
85T	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
	Onc Lng 3 Prtn Bmrk Plsm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
92U				_	
		post-service review.		-	-
	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
95T			-	- -	- -
95T 96U	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- -	- - 3/31/2022	
95T 96U 97U	Rmvl Artific Disc Addl Crvcl Hpv Hi Risk Types Male Urine	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	
95T 96U 97U 98T	Rmvl Artific Disc Addl Crvcl Hpv Hi Risk Types Male Urine Gi Pathogen 22 Targets Rev Artific Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	_ - 3/31/2022 _	_ _ Retired effective 3/31/2022 _
95T 96U 97U 98T	Rmvl Artific Disc Addl Crvcl Hpv Hi Risk Types Male Urine Gi Pathogen 22 Targets	 MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - - -	_	_ _ Retired effective 3/31/2022 _
95T 96U 97U 98T 98U	Rmvl Artific Disc Addl Crvcl Hpv Hi Risk Types Male Urine Gi Pathogen 22 Targets Rev Artific Disc Addl	 MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	- - - -	_ - 3/31/2022 _	_ _ Retired effective 3/31/2022 _ Retire effective 03/31/2021
192U 195T 196U 197U 197U 198U 199U	Rmvl Artific Disc Addl Crvcl Hpv Hi Risk Types Male Urine Gi Pathogen 22 Targets Rev Artific Disc Addl Respir Pathogen 14 Targets	 MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider 	- - - - - -	_ - 3/31/2022 _ Retired	_ _ Retired effective 3/31/2022 _ Retire effective 03/31/2021
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D198T Ocular Blood Flow Measure EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider - - - D198T MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - D199U Sc Gnotyp Ermap Exons 411 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - D199U Sc Gnotyp Ermap Exons 411 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - -	0197U	Lw Gnotyp Icam4 Exon 0		-		-
Website Coding and Compensation Non-reimbursable EUU policy. Image: Coding and Compensation Non-reimbursable EUU policy. Image: Coding and Compensation Non-reimbursable EUU policy. 01980 Rhd&Rhce Gntyp Rhd1-10&Rhce4 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Image: Coding and Compensation Non-reimbursable EUU policy. 01990 Sc Gnotyp Ermap Exons 4 11 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Image: Coding and Compensation Non-reimbursable EUU policy. 01990 Sc Gnotyp Ermap Exons 4 11 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Image: Coding and Compensation Non-reimbursable EUU policy. 01990 Sc Gnotyp Ermap Exons 4 11 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Image: Coding and Compensation Non-reimbursable EUU policy.	0198T	Ocular Blood Flow Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
01990 Rindeking Gittyp Kind - Lookinge Kind - Looking Kind				-	-	-
0199U Sc Gnotyp Ermap Exons 411 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	0198U	Rhd&Rhce Gntyp Rhd1-10&Rhce4		-	-	-
post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	019911	Sc Gnotyp Ermap Exons 4 11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1000 Dere Serel Augent United initiation in the criterial reflective reviewed against ivieuldal Policy Criteria, submit ior predetermination to avoid				-	-	-
0200T Perq Sacral Augmt Unilat Inj post-service review. – – – –	0200T	Perq Sacral Augmt Unilat Inj		-	-	-

0200U	Xk Gnotyp Xk Exons 1-2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
02000	74 OHOLYP AK EXUIS 1-2	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
0202T	Post Vert Arthrplst 1 Lumbar	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0203U	Ai Ibd 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 0205U	Onc Thyr Mrna Xprsn Alys 592 Oph Amd Alys 3 Gene Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		-	Moved to PA code list Moved to PA code list
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
0206U	Neuro Alzheimer Cell Aggregj	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			
0208U	Onc Mtc Mrna Xprsn Alys 107	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- Moved to PA code list
02080	Cytog Const Alys Interrog	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	Reuleu 12/51/2021	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			
0213U	Rare Ds Gen Dna Alys Ea Comp	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- Moved to PA code list
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	Noved to FA code list
0214T	Njx Paravert W/Us Cer/Thor	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.	-	-	- Moved to DA code list
0216U	Neuro Inh Ataxia Dna 12 Com	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	Moved to PA code list
0217T	Njx Paravert W/Us Lumb/Sac	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			
0218U	Neuro Musc Dys Dmd Seq Alys	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		Moved to PA code list
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-		
0219T	Plmt Post Facet Implt Cerv	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			
02201		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			
02211		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® Rhso Catura Novt Cari Sog	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
02220	Rhd&Rhce Gntyp Next Gnrj Seq	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		12/31/2020	Retire effective 12/31/2020
02291		post-service review.	-	12/31/2020	Netire enective 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
02217	Nix Tfrml Eprl W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/21/2020	Batiro offactivo 12/21/2020
0231T		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 effect
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 Thyr 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 Ibp4 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 Phsprtn Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021		Add effective 07/01/2021
11.50	End Fisch and See this provide the		.,_,	-	
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	7/1/2021		Add effective 07/01/2021
02510		post-service review.	,, 1/2021	-	
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
02527	Insert Aqueous Drain Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0253T	Insert Aqueous Drain Device	post-service review.	-	-	-
0253U	Rprdtve Med Rna Gen Prfl 238	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	Retired	Add effective 07/01/2021; Moved
		post-service review. May require Prior Authorization effective 04/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			to PA list Add effective 07/01/2021; Moved
0254U	Reprdtve Med Alys 24 Chrmsm	post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	Retired	to PA list
0255U	Andrology Infertility Assmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	_	Add effective 10/01/2021
		post-service review.			Add effective 10/01/2021; Moved
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	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

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0261U	Onc Clrct Ca Img Alys W/Ai	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; Movec 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	_	_	_
0264U	Rare Ds Id Opt Genome Mapg	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	Retired	Add effective 10/01/2021; Movec
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			to PA list
		Website Coding and Compensation Non-reimbursable EIU policy.	- 10/1/2021	-	Add effective 10/01/2021; Moved
0265U	Rar Do Whi Gn&Mtcdrl Dna Als	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	to PA list
0266T	Implt/Rpl Crtd Sns Dev Total	post-service review.	-	-	- Add effective 10/01/2021; Moved
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	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	_	_	
0269U	Hem Aut Dm Cgen Trmbctpna 14	post-service review. 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
0270T	Rev/Remvl Crtd Sns Dev Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			to PA list
		post-service review.	-	-	Add effective 10/01/2021; Moved
0270U	Hem Cgen Coagj Do 20 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	Retired	to PA list
0271T	Rev/Remvl Crtd Sns Dev Gen	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 Hyprfibrnlysis 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
0274T	Perq Lamot/Lam Crv/Thrc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2023		to PA list Add effective 01/01/2023
0274T	Perg Lamot/Lam Crv/Thrc	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/31/2022	Retire effective 12/31/2022
		post-service review.	-		Add effective 10/01/2021; Moved
0274U	Hem Gen Pitit Do 43 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	10/1/2021	Retired	to PA list
0275T	Perq Lamot/Lam Lumbar	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2023	-	Add effective 01/01/2023
0275T	Perq Lamot/Lam Lumbar	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 Pitit 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	10/1/2021	Retired	Add effective 10/01/2021; Moved
0285U	Onc Rsps Radj Cll Fr Dna Tox	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		3/31/2022	to PA list Add effective 01/01/2022;
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			,Moved to PA list Add effective 01/01/2022;
0286U	Cep72 Nudt15&Tpmt Gene Alys	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	3/31/2022	,Moved to PA list Add effective 01/01/2022;
0287U	Onc Thyr Dna&Mrna 112 Genes	post-service review.	1/1/2022	3/31/2022	,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	1/1/2022	3/31/2022	Add effective 01/01/2022;
0292U	Psyc Strs Do Mrna 72 Genes	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		3/31/2022	,Moved to PA list Add effective 01/01/2022;
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			,Moved to PA list Add effective 01/01/2022;
0293U	Psyc Suicidal Idea Mrna 54	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	3/31/2022	,Moved to PA list Add effective 01/01/2022;
0294U	Lngvty&MrtIty Rsk Mrna 18Gen	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	3/31/2022	,Moved to PA list
0295U	Onc Brst Dux Carc 7 Proteins	post-service review.	1/1/2022	-	Add effective 01/01/2022

296U	Onc Orl&/Orop Ca 20 MIc Feat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
97U	Onc Pan Tum Whl Gen Seq Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d 1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
98U	Onc Pan Tum Whl Trns Seq Rna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d 1/1/2022	3/31/2022	Add effective 01/01/2022; ,Moved to PA list
99U	Onc Pan Tum Whl Gen Opt Mapg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 1/1/2022	3/31/2022	Add effective 01/01/2022;
00U	Onc Pan Tum Whl Gen Seq&Opt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi		3/31/2022	,Moved to PA list Add effective 01/01/2022;
03U		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d	-,,	,Moved to PA list Add effective 01/01/2022
	Hem Rbc Ads Whl Bld Hypoxic	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 1/1/2022	-	
04U	Hem Rbc Ads Whl Bld Normoxic	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	1/1/2022	-	Add effective 01/01/2022
05U	Hem Rbc Fnclty&Dfrm Shr Strs	post-service review.	1/1/2022	-	Add effective 01/01/2022
06U	Onc Mrd Nxt-Gnrj Alys 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review. Prior Authorization may be required per contract agreement.	4/1/2022	-	Add effective 04/01/2022
07U	Onc Mrd Nxt-Gnrj Alys Sbsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review. Prior Authorization may be required per contract agreement.	d 4/1/2022	-	Add effective 04/01/2022
08T	Insj Ocular Telescope Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d _	-	-
308U	Crd Cad Alys 3 Prtn Plsm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 4/1/2022	_	Add effective 04/01/2022
309U	Crd Cv Ds Aly 4 Prtn Plm Alg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 4/1/2022		Add effective 04/01/2022
100	Ped Vsclts Kd Alys 3 Bmrks	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi		_	Add effective 04/01/2022
	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d	-	
311U	Nfct Ds Bct Quan Antmcrb Sc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	4/1/2022	-	Add effective 04/01/2022
312T	Laps Impltj Nstim Vagus	post-service review.	-	-	-
312U	Ai Ds Sle Alys 8 Igg Autoant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	4/1/2022	-	Add effective 04/01/2022
313T	Laps Rmvl Nstim Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d	-	
313U	Onc Pncrs Dna&AmpMrna Seq 74	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review. Prior Authorization may be required per contract agreement.	d 4/1/2022	-	Add effective 04/01/2022
314T	Laps Rmvl Vgl Arry&Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d	_	_
314U	Onc Cutan Mlnma Mrna 35 Gene	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 4/1/2022		Add effective 04/01/2022
		post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi		-	
315T	Rmvl Vagus Nerve Pls Gen	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	- d	-	-
315U	Onc Cutan Sq Cll Ca Mrna 40	post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	4/1/2022	-	Add effective 04/01/2022
316T	Replc Vagus Nerve Pls Gen	post-service review.	-	-	-
316U	B Brgdrferi Lyme Ds Ospa Evl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	4/1/2022	-	Add effective 04/01/2022
317T	Elec Alys Vagus Nrv Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d _	-	-
317U	Onc Lung Ca 4-Prb Fish Assay	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review. Prior Authorization may be required per contract agreement.	d 4/1/2022	-	Add effective 04/01/2022
318U	Ped Whl Gen Mthyltn Alys 50+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 4/1/2022	_	Add effective 04/01/2022
319U	Neph Rna Pretrnspl Perph Bld	post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 4/1/2022		Add effective 04/01/2022
320U	Neph Rna Psttrnspl Perph Bld	post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi		_	Add effective 04/01/2022
		post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d	-	
321U	ladna Gu Pthgn 20Bct&AmpFng Org	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	4/1/2022	-	Add effective 04/01/2022
322U	Neuro Asd Meas 14 Acyl Carn	post-service review.	4/1/2022	-	Add effective 04/01/2022
323U	Iadna Cns Pthgn Next Gen Seq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	7/1/2022	-	Add effective 07/01/2022
324U	Onc Ovar Sphrd Cell 4 Rx Pnl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d 7/1/2022	-	Add effective 07/01/2022
325U	Onc Ovar Sphrd Cell Parp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d 7/1/2022	-	Add effective 07/01/2022
326U	Trgt Gen Seq Alys Pnl 83+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 7/1/2022	-	Add effective 07/01/2022
327U	Ftl Aneuploidy Trsmy Dna Seq	post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	d 7/1/2022		Add effective 07/01/2022
		post-service review. Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi		-	5,701,2022
329T	Mntr lo Press 24Hrs/> Uni/Bi	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi	- d	-	-
329U	Onc Neo Xomeandtrns Seq Alys	post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	-	Add effective 07/01/2022
30T	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.	-	-	-
30U	Iadna Vag Pthgn Panel 27 Org	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d 7/1/2022	_	Add effective 07/01/2022
331T	Heart Symp Image Plnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi post-service review.	d	-	_
331U	Onc HI Neo Opt Gen Mapping	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement by	7/1/2022	_	Add effective 07/01/2022
332T	Heart Symp Image Pinr Spect	10/01/2022. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi			
5521	איז	post-service review. Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy	-	-	-
332U	ONC PAN TUM GEN PRFLG 8 DNA	criteria. BCBSMT recommends submitting a predetermination request if it is unclear if the service meets BCBSMT Medical Policy criteria.	10/1/2022	-	
		Medical Policy Criteria: Procedure/service reviewed to ensure each service meets BCBSMT Medical Policy			

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	Trnscth 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	Trnscth 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 A?40andA?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
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	_	12/31/2020	Retire effective 12/31/2020
0382T	Ext H Rate Sz 14 Day Ri Only	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/31/2020	Retire effective 12/31/2020
0383T	Ext H Rate Sz 15-30 Days	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	12/31/2020	Retire effective 12/31/2020
0384T	Ex H Rate Sz 15-30 Day Ri	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12/31/2020	Retire effective 12/31/2020
0385T	Ex H Rate For Sz Ovr 30 Day	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12/31/2020	Retire effective 12/31/2020
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
0386T	Ex H Rate Sz 30+ Day Ri Only	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	12/31/2020	Retire effective 12/31/2020
0396T	Intraop Kinetic Balnce Sensr	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	12/31/2020	Retire effective 12/31/2020
0397T	Ercp W/Optical Endomicroscpy	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	Trnscrv 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	_	_	_
0409T	Insj/Rplc Car Modulj Pls Gn	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		
0410T	Insj/Rplc Car Modulj Atr Elt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0411T	Insj/Rplc Car Modulj Vnt Elt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
04111 0412T	Rmvl Cardiac Modulj Pls Gen	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0413T	Rmvl Car Modulj Tranvns Elt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0414T	Rmvl & Rpl Car Modulj Pls Gn	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0415T	Repos Car Modulj Tranvns Elt	MP Citeria: Procedure/service reviewed against medical Policy Citeria. Submit for predetermination to avoid post-service review. MP Citeria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0416T	Reloc Skin Pocket Pls Gen	post-service review.	-	-	-
0417T	Prgrmg 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 Secretory Type li 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 Compl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2022
0424T	Insj/Rplc Nstim Apnea Compl	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	4/14/2022	Retire effective 04/14/2022
0425T	Insj/Rplc Nstim Apnea Sen Ld	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022		Add effective 04/15/2022
0425T	Insj/Rplc Nstim Apnea Sen Ld	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		- 4/14/2022	Retire effective 04/14/2022
04201	maj, npic natim Aprica per Lu	post-service review.	-	7/ 19/ 2022	netire errective 04/14/2022

0426T	Insj/Rplc Nstim Apnea Stm 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
426T	Insj/Rplc Nstim Apnea Stm Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	4/14/2022	Retire effective 04/14/2022
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-		
27T	Insj/Rplc Nstim Apnea Pls Gn	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	4/15/2022	-	Add effective 04/15/2022
27T	Insj/Rplc Nstim Apnea Pls Gn	post-service review.	-	4/14/2022	Retire effective 04/14/2022
28T	Rmvl Nstim Apnea Pls 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.	4/15/2022	_	Add effective 04/15/2022
28T	Rmvl Nstim Apnea Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	4/14/2022	Retire effective 04/14/2022
	Ninvi Nstilli Aprica Fis Gen	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	4/14/2022	
29T	Rmvl Nstim Apnea Sen Ld	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
29T	Rmvl Nstim Apnea Sen Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid _	4/14/2022	Retire effective 04/14/2022
30T	Rmvl Nstim Apnea Stimj Ld	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022		Add effective 04/15/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av		-	Dutter (5-1) - 04/44/2022
30T	Rmvl Nstim Apnea Stimj Ld	post-service review.	-	4/14/2022	Retire effective 04/14/2022
31T	Rmvl/Rplc Nstim Apnea Pls Gn	EIU: 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
31T	Rmvl/Rplc Nstim Apnea Pls Gn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid _	4/14/2022	Retire effective 04/14/2022
32T	Repos Nstim Apnea Stimj Ld	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022		Add effective 04/15/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av		-	
32T	Repos Nstim Apnea Stimj Ld	post-service review.	_	4/14/2022	Retire effective 04/14/2022
33T	Repos Nstim Apnea Sensing 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
33T	Repos Nstim Apnea Sensing Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	4/14/2022	Retire effective 04/14/2022
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	,, _ 022	
34T	Interro Eval Npgs Apnea	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
34T	Interro Eval Npgs Apnea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.		4/14/2022	Retire effective 04/14/2022
135T	Prgrmg Eval Npgs Apnea 1 Ses	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2022
1257	Drawna Fuel Mana Annaa 1 Cas	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	4/14/2022	Detine offerstive 04/14/2022
35T	Prgrmg Eval Npgs Apnea 1 Ses	post-service review.	-	4/14/2022	Retire effective 04/14/2022
36T	Prgrmg Eval Npgs Apnea Study	EIU: 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
36T	Prgrmg Eval Npgs Apnea Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid _	4/14/2022	Retire effective 04/14/2022
40T	Abltj Perc Uxtr/Perph Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av		_	-
41T	Abltj Perc Lxtr/Perph Nrv	post-service review.	-	-	-
142T	Abltj Perc Plex/Trncl Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid -	-	-
43T	R-T Spctrl Alys Prst8 Tiss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	_	_
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
44T	0Th Plmt Drug Elut Oc Ins	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
45T	Sbsqt Plmt Drug Elut Oc Ins	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
149T	Insj Aqueous Drain Dev 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid _	_	_
150T	Insj Aqueous Drain Dev Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid		
501	nisj Aqueous Drain Dev Lach	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	- oid	-	-
51T	Insj/Rplcmt Aortic Ventr Sys	post-service review.	-	Retired	Retired effective 12/31/2021
52T	Insj/Rplcmt Dev Vasc Seal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	oid _	Retired	Retired effective 12/31/2021
53T	Insj/Rplcmt Mech-Elec Ntrfce	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	Retired	Retired effective 12/31/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	- oid		
54T	Insj/Rplcmt Subq Electrode	post-service review.	-	Retired	Retired effective 12/31/2021
55T	Remvl Aortic Ventr Cmpl Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.		Retired	Retired effective 12/31/2021
56T	Remvl Aortic Dev Vasc Seal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	Retired	Retired effective 12/31/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	- oid		
57T	Remvl Mech-Elec Skin Ntrfce	post-service review.	-	Retired	Retired effective 12/31/2021
58T	Remvl Subq Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	-	Retired	Retired effective 12/31/2021
59T	Relocaj Rplcmt Aortic Ventr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid _	Retired	Retired effective 12/31/2021
60T	Renos Aartic Ventr Day Elted	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	Retired	Retired affective 12/21/2021
001	Repos Aortic Ventr Dev Eltrd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	- oid	Retired	Retired effective 12/31/2021
61T	Repos Aortic Contrpulsj Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av post-service review.	-	Retired	Retired effective 12/31/2021
011	Prgrmg Eval Aortic Ventr Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid _	Retired	Retired effective 12/31/2021
		post-service review.			
62T		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to av	oid	Potirod	Potirod offective 12/21/2024
62T	Interrog Aortic Ventr Sys	post-service review.	oid 	Retired	Retired effective 12/31/2021
162T 163T			-	Retired	Retired effective 12/31/2021
62T 63T 64T	Interrog Aortic Ventr Sys	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		Retired -	Retired effective 12/31/2021 -
62T 63T 64T 65T	Interrog Aortic Ventr Sys Visual Ep Test For Glaucoma Supchrdl Njx Rx W/O Supply	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.		-	-
462T 463T 464T 465T 466T	Interrog Aortic Ventr Sys Visual Ep Test For Glaucoma	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- - oid -	Retired - - Retired	Retired effective 12/31/2021 Retired effective 12/31/2021

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		
04711		post-service review.	-	-
0472T	Prgrmg 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	
0474T	Insj Aqueous Drg Dev Io Rsvr	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
0481T	Njx Autol Wbc Concentrate	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	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		
0488T	Diabetes Prev Online/Elec	Website Coding and Compensation Non-reimbursable EIU policy. - 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		
04511		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
0492T	Abl Lsr Opn Wnd Addl 20 Sqcm	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0494T	Prep & Cannulj Cdvr Don Lung	post-service review.	-	-
0495T	Mntr Cdvr Don Lng 1St 2 Hrs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
0496T	Mntr Cdvr Don Lng Ea Addl Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
0499T	Cysto F/Urtl Strix/Stenosis	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 2Img Mibmn Glnd 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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
0508T	Pls Echo Us B1 Dns Meas Tib	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	5/14/2021	Retired
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/11/2021	hethed
0510T	Rmvl Sinus Tarsi Implant	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		
03121	LSW Integ who hig 15t who	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
0513T	Esw Integ Wnd Hlg Ea Addl	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	_	_
05157	Inci Wes Ly Completion	post-service review. — — —		
0515T	Insj Wcs Lv Compl Sys	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	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	
	Insj Wcs Lv Pg Compnt	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
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0517T 0518T 0519T	Insj Wcs Lv Pg Compnt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid model against Medical Policy Criteria. Submit for predetermination to avoid	-	-
0518T 0519T	Insj Wcs Lv Pg Compnt Rmvl Pg Compnt Wcs Rmvl & Rplcmt Pg Compnt Wcs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
0518T 0519T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - -
0518T 0519T 0520T	Insj Wcs Lv Pg Compnt Rmvl Pg Compnt Wcs Rmvl & Rplcmt Pg Compnt Wcs	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	- - - - -	- - - -
0518T 0519T 0520T 0521T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Wes New Eltrd	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -		- - - - -
0518T 0519T 0520T 0521T 0522T	Insj Wcs Lv Pg Compnt Rmvl Pg Compnt Wcs Rmvl & Rplcmt Pg Compnt Wcs Rmvl&Rplcmt Pg Wcs New Eltrd Interrog Dev Eval Wcs Ip Prgrmg Dev Eval Wcs Ip	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	- - - - - -	- - - - -
0518T 0519T 0520T 0521T 0522T	Insj Wcs Lv Pg Compnt Rmvl Pg Compnt Wcs Rmvl & Rplcmt Pg Compnt Wcs Rmvl&Rplcmt Pg Wcs New Eltrd Interrog Dev Eval Wcs Ip	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mp Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mp Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mp Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mp Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	- - - - - - - -	- - - - - -
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0518T 0519T 0520T 0521T 0522T 0522T 0524T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Wes New Eltrd Interrog Dev Eval Wes Ip Prgrmg Dev Eval Wes Ip Ev Cath Dir Chem Abltj W/Img Insj/Rplemt Compl Iims	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - mP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - most-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - -	- - - - - - -
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0518T 0519T 0520T 0522T 0522T 0522T 0525T 0526T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Wes New Eltrd Interrog Dev Eval Wes Ip Prgrmg Dev Eval Wes Ip Ev Cath Dir Chem Abltj W/Img Insj/Rplemt Compl Iims	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service	- - - - - - - - - - - -	- - - - - - - -
0518T 0519T 0520T 0521T 0522T 0524T 0525T 0526T 0527T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Wes New Eltrd Interrog Dev Eval Wes Ip Prgrmg Dev Eval Wes Ip Ev Cath Dir Chem Abltj W/Img Insj/Rplemt Compl Iims Insj/Rplemt Iims Eltrd Only	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service	- - - - - - - - - - - -	- - - - - - - - -
0518T 0519T 0520T 0521T 0522T 0524T 0525T 0526T 0527T 0528T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl & Rplemt Pg Wes New Eltrd Interrog Dev Eval Wes Ip Prgrmg Dev Eval Wes Ip Ev Cath Dir Chem Abltj W/Img Insj/Rplemt Compl Iims Insj/Rplemt Iims Eltrd Only Insj/Rplemt Iims Implt Mntr Prgrmg Dev Eval Iims Ip	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service	- - - - - - - - - - - - - -	
0518T 0519T 0520T 0521T 0522T 0524T 0525T 0526T 0527T	Insj Wes Lv Pg Compnt Rmvl Pg Compnt Wes Rmvl & Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Compnt Wes Rmvl&Rplemt Pg Wes New Eltrd Interrog Dev Eval Wes Ip Prgrmg Dev Eval Wes Ip Ev Cath Dir Chem Abltj W/Img Insj/Rplemt Compl Iims Insj/Rplemt Iims Eltrd Only Insj/Rplemt Iims Implt Mntr	post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service	- - - - - - - - - - - - - - - -	

0531T	Removal lims Electrode Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0532T	Removal lims Implt Mntr Only	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0533T	Cont Rec Mvmt Do 6-10 Days	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			
0537T		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Bld Drv T Lymphcyt Car-T Cll	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0538T	Bld Drv T Lymphcyt Prep Trns	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0548T	Tprnl Balo Cntnc Dev Bi	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	Retired	Retired effective 12/31/2021
0549T	Tprnl Balo Cntnc Dev Uni	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	_	_	_
0554T	B1 Str & Fx Rsk Analysis	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0555T	B1 Str&Fx Rsk Transmis Data	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 Ct Alys	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		Retired	Retired effective 12/31/2021
0560T	Antmc Mdl 3D Print Ea Addl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	Retired	Retired effective 12/31/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
0561T	Antmc Guide 3D Print 1St Gd	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 Glnd 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 Hrvg	EIU: 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 Hrvg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		8/14/2021	Retire effective 08/14/2021
0566T	Autol Cell Implt Adps Njx	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021		Add effective 08/15/2021
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	8/15/2021	-	
0566T	Autol Cell Implt Adps Njx	post-service review.	-	8/14/2021	Retire effective 08/14/2021
0571T	Insj/Rplcmt Icds 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	_		
0575T	Prgrmg Dev Eval Icds Ss Ip	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0576T	Interrog Dev Eval Icds Ss Ip	post-service review.	-	-	-
0577T	Ephys Eval Icds Ss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0578T	Rem Interrog Dev Icds Phys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0579T	Rem Interrog Dev Icds 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			
0581T	Abltj Mal Brst Tum Perq Crtx	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
05811 0584T	Perg Islet Cell Transplant	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
05841 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 Isdns Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
0588T	Revision/Removal Isdns Ptn	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
0589T	Elec Alys Smpl Prgrmg lins	post-service review.	-	-	-

0590T	Elec Alys Cplx Prgrmg lins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
0591T	Hlth&Wb Coaching Indiv 1St	post-service review. –	-	_
05911 0592T	Hith&Wb Coaching Indiv F-Up	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review		
0593T	Hith&Wb Coaching Group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_
0594T	Osteot Hum Xtrnl Lngth Dev	post-service review.	-	-
0595T	Rmvl Humrl Xtrnl Lngth Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/31/2020	Retire effective 12/31/2020
		post-service review.		
0596T	Temp Fml Iu Vlv-Pmp 1St Insj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0597T	Temp Fml Iu Valve-Pmp Rplcmt	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	post-service review.	-	-
0601T	Ire Abltj 1+Tumors Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
00011	ine Abig 1: Tumors open	post-service review.	-	-
0602T	Transdermal Gfr Measurements	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider 4/1/2021	_	_
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0602T	Transdermal Gfr Measurements	post-service review.	3/31/2021	Retired
06027	Transdormal Cfr Monitoring	FILI: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0603T	Transdermal Gfr Monitoring	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	3/31/2021	Retired
	5	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0604T	Rem Oct Rta Dev Setup&Educaj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
00007		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0605T	Rem Oct Rta Techl Sprt Min 7	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.	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0608T	Rem Mntr Pulm Flu Mntr Alys	post-service review.	-	_
0609T	Mrs Disc Pain Acquisj Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
00091	INI's Disc Fail Acquisj Data	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. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0611T	Mrs Disc Pain Alg Alys Data	post-service review.	-	_
06407	14. 5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0612T	Mrs Discogenic Pain I&R	post-service review.	-	-
0613T	Perg 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.	-	_
		FILL: Procedure /cenvice not reimbursed by the Plan. Not subject to pre-cenvice review. Refer to Provider		
0615T	Eye Mvmt Alys W/O Calbrj I&R	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	5/14/2021	Retired
00151		post-service review.	5/11/2021	hethed
0616T	Insertion Of Iris Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
0617T	Insj Iris Prosth W/Rmvl&Insj	post-service review.	-	_
0618T	Insj Iris Prosth Sec Io Lens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
20101		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. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0620T	Evasc Ven Artlz Tibl/Prnl Vn	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
06217	Trabeculostomy Interno Laser	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0621T	habeculostomy interno Laser	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. – EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-
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.	-	-
000		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0624T	Auto Quan C Plaq Data Prep	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
0625T	Auto Quan C Plaq Cptr Alys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
	and the set of the set	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-reimburseable EIU policy	_	_
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0627T	Perq Njx Algc Fluor Lmbr 1St	Website Coding and Compensation Non-reimbursable EIU policy.	-	-
06297	Perg Nix Algo Elvor Limbs Fo	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0628T	Perq Njx Algc Fluor Lmbr Ea	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 Coung and Compensation Non-reimbursable Ero 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.	_	-
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		
0631T	Tc Vis Lit Hyperspectral Img	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		
00021		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		_
		FILL Procedure (sensition not reimbursed by the Plan Not subject to pre-sensition review. Refer to Provider		
0640T	Ncntc Nr Ifr Spctrsc Wnd	Website Coding and Compensation Non-reimbursable EIU policy. 7/1/2021	-	Add effective 07/01/2021
		······································		

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
0641T	Ncntc Nr Ifr Spctrsc Wnd Img	Website Coding and Compensation Non-reimbursable EIU policy.	7/1/2021	-	Add effective 07/01/2021
)642T	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
643T	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
644T	Tcat Rmvl/Dblk 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
645T	Tcat Impltj C Sins Rdctj Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	_	Add effective 07/01/2021
646T	Ttvi/Rplcmt W/Prstc Vlv Perq	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021		Add effective 07/01/2021
647T	Insi Gtube Perg Mag Gastrpxy	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	-	Add effective 07/01/2021
648T	Quan Mr Alys Tiss W/O Mri	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p		-	Moved to PA list effective 04/0
649T	Quan Mr Alys Tiss W/Mri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	Moved to PA list effective 04/0
650T	Prgrmg 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
651T	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
651T	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; A effective 07/01/2021
652T	Egd Flx Transnasal Dx Br/Wa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	_	Add effective 07/01/2021
553T	Egd Flx Transnasal Bx 1/Mlt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021		Add effective 07/01/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
654T	Egd Flx Transnasal Tube/Cath	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	-	Add effective 07/01/2021
655T	Tprnl Focal Abltj Mal Prst8	post-service review.	7/1/2021	-	Add effective 07/01/2021
656T	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
657T	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
658T	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
659T	Tcat Intra-C Nfs Supersat O2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	_	Add effective 07/01/2021
560T	Implt Ant Sgm Io Nbio Rx Sys	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021		Add effective 07/01/2021
561T	Rmvl&Rimpltj Ant Sgm Implt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	-	Add effective 07/01/2021
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		-	
564T	Don Hysterectomy Open Cdvr	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	8/15/2021	-	Add effective 08/15/2021
564T	Don Hysterectomy Open Cdvr	post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
665T	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
665T	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
666T	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
666T	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
667T	Don Hysterectomy Rcp Uter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021	_	Add effective 08/15/2021
667T	Don Hysterectomy Rcp Uter	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	8/14/2021	Retire effective 08/14/2021
668T		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021	0,11,2021	Add effective 08/15/2021
	Bkbench Prep Don Uter Algrft	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
668T	Bkbench Prep Don Uter Algrft	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	7/1/2021	8/14/2021	Retire effective 08/14/2021
669T	Bkbench Rcnstj Don Uter Ven	Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	-	Add effective 08/15/2021
669T	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
670T	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
670T	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
671T	Insj Ant Sgm Aq Drg Dev 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
672T	Ndovag Cryg Rf Remdl Tiss	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2023		Add effective 01/01/2023
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Retire effective 12/31/2022; A
572T	Ndovag Cryg Rf Remdl Tiss	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/31/2022	effective 01/01/2022
573T	Abltj B9 Thyr Ndul Perq Lasr	post-service review.	1/1/2022	-	Add effective 01/01/2022
574T	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
675T	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
676T	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
677T	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
678T	Laps Repos Lead Isdss Ea Add	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
0/01		post-service review.		-	
679T	Laps Rmvl Lead Isdss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	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	Prgrmg 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	1/1/2022	_	Add effective 01/01/2022
0685T	Interrog Dev Eval Isdss Ip	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0686T	Histotripsy Mal Hepatcel Tis	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
0687T	Tx Amblyopia Dev Setup 1St	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
0688T	Tx Amblyopia Assmt W/Report	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	Compre Ful Bdy 3D Mtn Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
0694T	3D Vol Img&Rcnstj Brst/Ax	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
0695T	Bdy Srf Mpg Pm/Cvdfb Tm Impl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0696T	Bdy Surf Mapg Pm/Cvdfb F/Up	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
0697T	Quan Mr Tis Wo Mri Mlt Orgn	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 Sprt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
0706T	Rem Tx Amblyopia I&R Phy/Qhp	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
0707T	Njx B1 Sub Mtrl Sbchdrl Dfct	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
	-	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0708T	Id Ca Immntx Prep & 1St Njx	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
0709T	Id Ca Immntx Each Addl Njx	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
0710T	N-Invas Artl Plaq Alys	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 Lsr 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	Perg Trluml Coronry Lithotrp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
0716T	Car Acous Wavfrm Rec Cad Rsk	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0717T	Adre Ther Prtl Re Tear	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022	-	Add effective 07/01/2022
0718T	Adrc Ther Prtl Rc Tear Njx	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022	-	Add effective 07/01/2022
0719T	Pst Vrt Jt Rplcmt Lmbr 1 Sgm	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	7/1/2022	_	Add effective 07/01/2022
0725T	Vestibular Dev Impltj Uni	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
0726T	Rmvl Implt Vstibular Dev Uni	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022	-	Add effective 07/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0727T	Rmvlandrplcmt Implt Vstblr Dev	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022	-	Add effective 07/01/2022
0728T	Dx Alys Vstblr Implt Uni 1St	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 Electroporatn Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
07021		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	///////////////////////////////////////
0733T	Rem BdyandImb Knmtc Ther Sply	post-service review.	2022-05-15	-	Add effective 05/15/2022
)734T	Rem Bdyandlmb Knmtc Tx Mgmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	2022-05-15		Add effective 05/15/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
)735T	Prep Tum Cav lort Prim Crnot	post-service review.	7/1/2022	-	Add effective 07/01/2022
)737T	Xenograft Impltj Artclr Surf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
051F	Hg A1C>Equal 7.0%<8.0%	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
052F	Hg A1C>Equal 8.0% <equal 9.0%<="" td=""><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</td><td>-</td><td>-</td><td>-</td></equal>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
001F	Aortic Aneurysm<5Cm Diam Ct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
002F	Aortic Aneurysm 5-5.4Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
003F	Aortic Anrysm5.5-5.9Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
004F	Aortic Anrysm 6/> Cm Diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
005F 006F	Asympt Carot/Vrtbrbas Sten Sympt Sten-Tia/Strk<120Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
007F	Other Carot Sten 120 Days/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
0021	Outside state ambulance serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
0800	Noninterest escort in non er	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0090	Interest escort in non er	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0100	Nonemergency transport taxi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0110 0120	Nonemergency transport bus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
0120	Noner transport mini-bus Noner transport wheelch van	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
0130	Nonemergency transport air	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
0160	Noner transport case worker	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0170	Transport parking fees/tolls	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0180	Noner transport lodgng recip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0190	Noner transport meals recip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
0200	Noner transport lodgng escrt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0210	Noner transport meals escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0225	Neonatal emergency transport	post-service review.	-	-	-
0380	Basic life support mileage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0390	Advanced life support mileag	post-service review.	-	-	-
0420	Ambulance waiting 1/2 hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0424	Extra ambulance attendant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0425	Ground mileage	post-service review.	-	-	-
0426	Als 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0427	ALS1-emergency	post-service review.	-	-	-
0428	bls	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0429	BLS-emergency	post-service review.	-	-	-
.0430	Fixed wing air transport	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
0431	Rotary wing air transport PI volunteer ambulance co	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
0432		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
0433	als 2	post-service review.	-	-	-
0434	Specialty care transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0435	Fixed wing air mileage	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0435 0436	Rotary wing air mileage	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0888	Noncovered ambulance mileage	post-service review.	-	-	-
0998	Ambulance response/treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
0000					
0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
2001	Innovamatrix Ac Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	_	Add effective 04/15/2022
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	. /. /	. / /	
2001	Innovamatrix Ac Per Sq Cm	post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
2002	Mirragen Adv Wnd Mat Per Sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
2002	Mirragen Adv Wnd Mat Per Sq	post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
	Xcellistem Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022		Add effective 04/15/2022
2004		Website Coding and Compensation Non-reimbursable EIU policy.		-	
2004		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for produtormin-ti ti-d			Add affa attue 01 (01 (2022
	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
2004	· · ·	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		4/14/2022	
2004	Xcellistem Per Sq Cm Microlyte Matrix Per Sq Cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2022 4/15/2022	4/14/2022	Add effective 04/15/2022
2004 2005	· · ·	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		4/14/2022 - 4/14/2022	
2004 2005 2005	Microlyte Matrix Per Sq Cm Microlyte Matrix Per Sq Cm	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022 1/1/2022	-	Add effective 04/15/2022 Add effective 01/01/2022
2004 2005	Microlyte Matrix Per Sq Cm	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/15/2022	-	Add effective 04/15/2022

A2007	Restrata Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
A2007	Restrata Per Sq Cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2022	4/14/2022	Add effective 01/01/2022
A2008	Theragenesis Per Sq Cm	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 sdrm 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		_	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	e 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 wind mtrx per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2022	3/31/2023	Retire effective 3/31/2023; Add
A2016		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/1/2023		effective 10/01/2022 Add effective 4/1/2023
	Permeaderm b per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Retire effective 3/31/2023; Add
A2016	Permeaderm b per sq cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	10/1/2022	3/31/2023	effective 10/01/2022
A2017	Permeaderm glove each	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 Clrd As Dev Nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2022	_	Add effective 04/01/2022
A4226	Weekly supply maint cgs pump	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
A4244	Alcohol Or Peroxide Per Pint	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- 1/1/2022	-	– Add effective 01/01/2022
A4244 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 Add effective 01/01/2022
A4246	Betadine Or Phisohex 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.	_	_	_
	and the second second second				_
A4337	Incontinent rectal insert	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
A4337 A4421	Ostomy supply misc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
	Ostomy supply misc		- - 1/1/2022	-	– Add effective 01/01/2022
A4421	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- 1/1/2022 1/1/2022	_ _ _ _	– Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
A4421 A4450 A4452 A4453	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	- - - -	Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	- - - -	Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4459	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022 10/1/2021 _ _	-	Add effective 01/01/2022 Add effective 10/01/2021 _ _
A4421 A4450 A4452 A4453 A4458 A4459 A4459	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022 10/1/2021 - - 1/1/2022	- - - - - -	Add effective 01/01/2022 Add effective 10/01/2021 _ _ _ Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4459 A4459 A4490 A4495	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Thigh Length Each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022	- - - - - - -	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4453 A4458 A4459 A4459 A4490 A4495 A4500	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Below Knee Length Each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4458 A4459 A4459 A4490 A4490 A4495 A4500 A4510	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Fligh Length Each Surgical Stockings Full Length Each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4458 A4459 A4459 A4490 A4490 A4495 A4500 A4510 A4520	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Fulgh Length Each Surgical Stockings Full Length Each Surgical Stockings Helw Knee Length Each Surgical Stockings Full Length Each Incontinence garment anytype	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4453 A4458 A4459 A4490 A4490 A4495 A4500 A4510 A4520 A4553	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Thigh Length Each Surgical Stockings Full Length Each Incontinence garment anytype Nondisp underpads all sizes	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4458 A4459 A4459 A4490 A4490 A4495 A4500 A4510 A4520	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Fulgh Length Each Surgical Stockings Full Length Each Surgical Stockings Helw Knee Length Each Surgical Stockings Full Length Each Incontinence garment anytype	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4453 A4458 A4459 A4459 A4490 A4490 A4495 A4500 A4510 A4520 A4520 A4553 A4554	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Incontinence garment anytype Nondisp underpads all sizes Disposable underpads	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service re	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022		Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4458 A4458 A4459 A4490 A4495 A4490 A4500 A4500 A4500 A4550 A4555 A4555 A4555	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Surgical Stockings High Length Each Surgical Stockings High Length Each Surgical Stockings High Length Each Surgical Stockings High Length Each Incontinence garment anytype Nondisp underpads all sizes Disposable underpads Ca tx e-stim electr/transduc Electrodes pair	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022		Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
A4421 A4450 A4452 A4453 A4453 A4458 A4459 A4490 A4495 A4490 A4495 A4500 A4551 A4555 A4555 A4555	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Tape Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Incontinence garment anytype Nondisp underpads all sizes Disposable underpads Ca tx e-stim electr/transduc Electrodes pair Lead wires pair	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022		Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
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A4421 A4452 A4452 A4452 A4452 A4453 A4453 A4453 A4454 A4459 A4459 A4490 A4491 A4490 A4490 A4490 A4490 A4450 A4500 A4500 A4510 A4550 A4555 A4595 A4596	Ostomy supply misc Tape Non-Waterproof Per 18 Square Inches Rectal Catheter For Use With The Manual Pump-Operated Enema System Replacement Only Reusable enema bag Manual pump enema reusable Surgical Stockings Above Knee Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Surgical Stockings Full Length Each Incontinence garment anytype Nondisp underpads all sizes Disposable underpads Ca tx e-stim electr/transduc Electrodes pair Lead wires pair Hyperbaric o2 chamber disps TENS suppl 2 lead per month Ces system monthly supp Ces system monthly supp	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service reviewed against Medic	1/1/2022 10/1/2021 - - 1/1/2022 1/1/2022 1/1/2022 - - - - - - - - - - - - -		Add effective 01/01/2022 Add effective 10/01/2021 - - Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 - - - - - - - - - - - - Add effective 01/01/2022 Add effective 01/01/2022 - - - - - - - - - - - - -
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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.	-	-	-
4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
4660	Sphygmomanometer/Blood Pressure	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022
4663	Apparatus With Cuff And Stethoscope 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
4870	Plumbing And/Or Electrical Work For Home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022
	Hemodialysis Equipment		-, -,	-	
4913 4927	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- 1/1/2022	-	- Add effective 01/01/2022
4927 4928	Gloves Non-Sterile Per 100 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 Add effective 01/01/2022
4930	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
4931	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
4932	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
507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
6000	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.	-	-	-
6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_		_
6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			_
6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
6550		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
	Neg pres wound ther drsg set	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
7020	Interface cough stim device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
7025	Replace chest compress vest	post-service review. MP Criteria: Procedure/service reviewed against medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
7026	Replace chst cmprss sys hose	post-service review.	-	-	-
3000	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
8001	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
8002	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
8003	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
8004	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
9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
9152	Single vitamin nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
9153	Multi-vitamin nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
9270	Non-covered item or service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9272	Disp wound suct drsg/access	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
9274	Ext amb insulin delivery sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
9280	Alert device noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
9281	Reaching/Grabbing Device Any Type Any		1/1/2022	-	-
	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
9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_		_
9285	Inversion eversion cor devic	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
9286	Any hygienic item device	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	-
9291 9300	Pres digital behav thera fda	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Websit	: 4/1/2022	_	Added to list
	Exercise equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
9515	Choline c-11	post-service review. MP Criteria: Procedure/service reviewed against medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
9526	Nitrogen N-13 ammonia	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	3/1/2021	-	-
9552	F18 fdg	post-service review.	3/1/2021	-	-
9555	Rb82 rubidium	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	-	-
9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
9580	Sodium fluoride F-18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
9582	Iodine I-123 iobenguane	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
9586	Florbetapir F18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
9587	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	7/1/2021		Add effective 07/01/2021
A9595	Piflu F-18 Dia 1 Millicurie	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
A9596	Gallium Illuccix 1 Millicure	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
B4105	Enzyme cartridge enteral nut	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.			
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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.	-	-	-
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
B4187	Omegaven 10 grams lipids	post-service review.	-	-	-
B4189	Parenteral sol amino acid &	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4193 B4197	Parenteral sol 52-73 gm prot Parenteral sol 74-100 gm pro	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. 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 Parenteral supply kit premix	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
B4220	· - · · · · · · · · · · · · · · · · · ·				
B4222	Parenteral supply kit homemi	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	_
B4222 B4224 B5000		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - -	- -	- -
B4220 B4222 B4224 B5000 B5100 B5200	Parenteral supply kit homemi Parenteral administration ki	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - -	-	- - - -

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1342 Auto Cell Process syst post-service review. 11/1/2/2 a de frective 01/01/2/22 1383 Cardiac Monitor Sys MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avai post-service review. 11/1/202 Add effective 01/01/202 1384 Retinal prosth int/esc comp MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avai post-service review. - - - - 1384 Retinal prosth int/esc comp EUP Procedure/service not reimbursed by the Plan. Not Subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. - - - - 1384 Retinal prosth add-on EUP Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoi post-service review. - - - - - 1388 Add Ofther Than Sing/Dual MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoi post-service review. - - - - 1388 Add pl/Kt Pacing/Neuro Lead MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoi post-service review. - - - 1388 Add pl/Kt Pacing/Neuro Lead MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoi post-service review. - </td <td></td> <td>non-rechargeable with carotid sinus baroreceptor stimulation lead(s)</td> <td>post-service review.</td> <td>-</td> <td>-</td> <td>-</td>		non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	post-service review.	-	-	-
1333 Carloa: Multino sys. pois-service review. 1/1/2022 0 Addition of the Unity o	C1825 C1831	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody	post-service review. 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
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Hattal prosth int/ext comp EUL Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. – – – – 1142 Retinal prosth add-on EUL Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. –	C1831	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	-	Add effective 01/01/2022
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1289 Skin Substitute synthetic post-service review. – – – – 11882 Aird Other Than Sing/Dual MP Criteria: Procedure/service review. – – – – 11883 Adapt/Ext Pacing/Neuro Lead MP Criteria: Procedure/service review. – – – – – 11883 Mapt/List Pacing/Neuro Lead MP Criteria: Procedure/service review. –	C1831 C1832 C1833 C1840 C1841	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2022	- - - - -	Add effective 01/01/2022
1382 Act other inan sing/bal post-service review. - - - - - 11883 Adapt/Ext Pacing/Neuro Lead MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 11883 Mapt/Ext Pacing/Neuro Lead MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. -	C1831 C1832 C1833 C1840 C1841 C1842	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2022	- - - - - -	Add effective 01/01/2022
Adapt/Let Pacing/Neuro Lead post-service review. - - - 11899 Implant/insert device noc Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - - 11895 Lead Aicd Endo Dual Coil MP Criteria: Procedure/service review. -	C1831 C1832 C1833 C1840 C1841	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	1/1/2022	- - - - - - - -	Add effective 01/01/2022
Insplant/insert device noc Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	C1831 C1832 C1833 C1840 C1841 C1842	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	- - - - - - - - - - - - -	Add effective 01/01/2022
Lead Aid Endo Dual Coll post-service review. -<	C1831 C1832 C1833 C1840 C1841 C1842 C1849	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	- - - - - - - - - - -	Add effective 01/01/2022
1996 Lead Aicd Non Sing/Dual MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 11896 Lead Aicd Non Sing/Dual MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 11897 Lead neurostim test kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 11899 Lead Pmkr/Aicd Combination MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1849 C1882	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022
Image: Construct Service review. Image: Construct Service Review: Service review. Image: Construct Service Review	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1849 C1882 C1883	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022
Lead neurostim test kit post-service review. post-service review dagainst Medical Policy Criteria. Submit for predetermination to avoid post-service review. add effective US/U1/2021 11982 Cath pressure valve-occlu MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 11982 Cath pressure valve-occlu MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 12596 Probe robotic water-jet MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1882 C1883 C1889 C1885	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service rot specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	- - - - - - - - - - - - - - - - - -	Add effective 01/01/2022
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Probe robotic water-jet MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe. -	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1842 C1882 C1883 C1885 C1895 C1896	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermi	1/1/2022 1/1/2022 - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
Probe perclumb disc MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - 22614 Brachytz Source Yttrium-90 "Non-Stranded" MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 22613 Cath translumin drug-coat MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - -	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1842 C1882 C1883 C1889 C1895 C1896	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual Lead neurostim test kit Lead Pmkr/Aicd Combination	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022 1/1/2022 - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
2616 Brachytx Source Yttrium-90 "Non-Stranded" MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – – – – 2623 Cath translumin drug-coat MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – – –	C1831 C1832 C1833 C1840 C1841 C1842 C1849 C1882 C1883 C1889 C1895 C1896 C1897 C1899 C1899	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual Lead neurostim test kit Lead Pmkr/Aicd Combination	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination t	1/1/2022 1/1/2022 - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
2623 Cath translumin drug-coat MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	C1831 C1832 C1833 C1840 C1840 C1842 C1842 C1842 C1883 C1883 C1889 C1895 C1895 C1897 C1897 C1892 C1982	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual Lead neurostim test kit Lead Pmkr/Aicd Combination Cath pressure valve-occlu	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy	1/1/2022 1/1/2022 - - - - - - - - - - - - -		Add effective 01/01/2022 Add effective 01/01/2022
2623 Cath translumin drug-coat	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1842 C1883 C1885 C1895 C1897 C1897 C1897 C1982 C1982 C1982 C1982 C1982	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual Lead neurostim test kit Lead Pmkr/Aicd Combination Cath pressure valve-occlu Probe robotic water-jet Probe perc lumb disc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022 1/1/2022 - - - - - - - - - - - - -		Add effective 01/01/2022 Add effective 01/01/2022
	C1831 C1832 C1833 C1840 C1841 C1842 C1842 C1842 C1882 C1883 C1889 C1895 C1895 C1896 C1897 C1897 C1899 C1982 C1897 C1982 C1897 C1982 C1897 C1982 C1897 C1982 C1897 C1982 C1897 C1982 C1897 C1987 C197 C1987 C197 C197 C19	non-rechargeable with carotid sinus baroreceptor stimulation lead(s) Personalized Anterior And Lateral Interbody Cage (Implantable) Auto Cell Process Sys Cardiac Monitor Sys Lens Intraocular (Telescopic) Retinal prosth int/ext comp Retinal prosth int/ext comp Retinal prosth add-on Skin substitute synthetic Aicd Other Than Sing/Dual Adapt/Ext Pacing/Neuro Lead Implant/insert device noc Lead Aicd Endo Dual Coil Lead Aicd Endo Dual Coil Lead Aicd Non Sing/Dual Lead neurostim test kit Lead neurostim test kit Lead neurostim test kit Cath pressure valve-occlu Probe robotic water-jet Probe perc lumb disc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermi	1/1/2022 1/1/2022 - - - - - - - - - - - - -		Add effective 01/01/2022 Add effective 01/01/2022

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			
C2625	Brachuty non str. HA D 102	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
C2635	Brachytx non-str HA P-103	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C2636	Brachy linear non-str P-103	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
C2639	Brachytx non-stranded I-125	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C2640	Brachytx stranded P-103	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	_	_	_
C2643	Brachytx non-stranded C-131	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C2644	Brachytx cesium-131 chloride	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		12/31/2020	Retire effective 12/31/2020
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
C9062	Daratumumab hyaluronidase	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	_	12/31/2020	Retire effective 12/31/2020
C9067	Gallium ga-68 dotatoc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Copper cu-64, dotatate, diagnostic, 1	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C9068	millicurie	post-service review.	-	Retired	Retire effective 03/31/2021
C9069	Injection, belantamab mafodontin-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		Retired	Retire effective 03/31/2021
	,	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
C9072	Injection, immune globulin (asceniv), 500 mg	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	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			effective 07/01/2021 Retire effective 09/30/2021; Add
C9076	Lisocabtagene Car Pos T	post-service review.	7/1/2021	9/30/2021	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	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9082	- Injection Dostarlimab-Gxly 100 Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021		
09082	injection Dostanimab-Gxty 100 Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9083	Injection Amivantamab-Vmjw 10 Mg	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	1/1/2022	Retired 03/31/2022	Add effective 01/01/2022; ;
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			Retired 03/31/2022 Add effective 01/01/2022; ;
C9086	Inj Anifrolumab-Fnia	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	Retired 03/31/2022	Retired 03/31/2022 Add effective 04/01/2022; retired
C9091	Sirolimus Protein-Bound 1Mg	post-service review.	4/1/2022	6/30/2022	06/30
C9092	Inj. xipere 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Websit	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
					Actifica 00/30/2022
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			Add effective 07/01/2022;
C9095	Inj Tebentafusp-Tebn 1 Mcg	post-service review. Prior Authorization may be required per contract agreement.	7/1/2022	9/30/2022	Retired 09/30/2022

09096	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
9097	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
09098	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
9142	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	
09257	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	-	-
09363	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.

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C9726	Placement And Removal (If Performed) Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Applicator Into Breast For Radiation Therapy	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		12/31/2020	Retire effective 12/31/2020
057.15	Hasar chao castadhan tasc	Website Coding and Compensation Non-reimbursable EIU policy.	-	12/01/2020	neure encouve 12, 51, 2025
C9747	Ablation HIFU prostate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		12/31/2020	Retire effective 12/31/2020
0,141	Ablation fin o prostate	post-service review.	-	12/ 51/ 2020	neure enceuve 12/51/2020
C9749	Repair nasal stenosis w/imp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		12/31/2020	Retire effective 12/31/2020
05745	Repair hasar steriosis wynip	Website Coding and Compensation Non-reimbursable EIU policy.	-	12/ 51/ 2020	neure enceuve 12/31/2020
C9751	Microwave bronch 3d ebus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
09731	Wilciowave bronch 3d ebus	post-service review.	-	-	-
C9752	Intraosseous des lumb/sacrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
C9752	littaosseous des fullib/saciulit	post-service review.	-	Relifeu	Retified effective 12/31/2021
C9753	Intraosseous destruct add'l	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
(9/35		post-service review.	-	Ketireu	Retifed 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	8/1/2022		Add effective 08/01/2022
03737	Spine/Euribal Disk Surgery	Website Coding and Compensation Non-reimbursable EIU policy.	8/1/2022	-	Add enective 08/01/2022
C9757	Spine/Lumbar Disk Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/1/2021	7/31/2022	Add effective 05/01/2021; Retire
03737	Spine/Euribal Disk Surgery	post-service review.	5/1/2021	//31/2022	effective 07/31/2022
C9760	Non-blind interatrial shunt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0707	Condina and an due statio	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	9/15/2021		Add affactive 00/15/2021
C9762	Cardiac mri seg dys strain	post-service review.	9/15/2021	-	Add effective 09/15/2021
C07C4	Devices interview little stations	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021		Add affactive 05 (15 (2021
C9764	Revasc intravasc lithotripsy	post-service review.	5/15/2021	-	Add effective 05/15/2021
C9765	Devere inter lith stain start	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021		Add effective 05/15/2021
09705	Revasc intra lithotrip-stent	post-service review.	5/15/2021	-	Add effective 03/13/2021
C9766	Devere inter lith stain athen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021		Add effective 05/15/2021
09766	Revasc intra lithotrip-ather	post-service review.	5/15/2021	-	Add effective 05/15/2021
0707	Devices lith stain stant at has	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021		Add affactive 05 (15 (2021
C9767	Revasc lithotrip-stent-ather	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	3/1/2021		
C9768	Endo us-guide nep porto grad	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		2/28/2021	Retired
C9768	Endo us-guide nep porto grad	post-service review.	-	2/28/2021	Retired
0700	Carte w/terme area involuent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
C9769	Cysto w/temp pros implant	post-service review.	-	-	_
co		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
C9770	Vitrec/mech pars subret inj	post-service review.	-	-	-
		•			

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- / /		
C9771	Nsl/sins cryo post nasal tis	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	_	8/14/2021	Retire effective 08/14/2021
C9773	Revasc lithotr-stent tib/per	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021		Add effective 08/15/2021
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	0,10,2021	-	
C9773	Revasc lithotr-stent tib/per	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	8/14/2021	Retire effective 08/14/2021
C9774	Revasc lithotr-ather tib/per	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	_	8/14/2021	Retire effective 08/14/2021
C9777	Esophag muc integ w/eso egd	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021		Add effective 08/15/2021
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
C9777	Esophag muc integ w/eso egd	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/Shoul Surg; W/Spacer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2022	_	Add effective 04/01/2022
C9782	Blind myocar trpl bon marrow	post-service review. 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		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2019		Add effective 04/01/2022
D9947	Invasive Physical Therapies Custom Sleep Apnea Appliance Fabrication	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 04/01/2022
	And Placement	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
D9948	Adjustment Of Custom Sleep Apnea Appliance	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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
E0210	Accessories 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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_		_
E0221	Infrared heating pad system	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	_	_	_
E0236	Pump for water circulating p	Website Coding and Compensation Non-reimbursable EIU policy. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0270	Hospital bed institutional t	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	7/1/2022	_	Add effective 07/01/2022
E0329	Ped Hospital Bed Semi/Elect	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2022		Add effective 07/01/2022
	•	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	.1112022	-	
E0350	Control unit bowel system	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
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.	-	_	-

Model Control (Marcine)Approximation				
Model M	E0470	Rad W/O Backup Non-Inv Intfc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 7/1/2021	Add effective 07/01/2021
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anishing on an information of the machine information of the sector	E0619	Apnea monitor w recorder		_
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Default pp3:service review.				-
OdeCode Pneumatic appliance full leg post-service review. post	EU657	Segmental pneumatic chest		-
Understand applance full arm post-service review. - <	E0660	Pneumatic appliance full leg	post-service review.	-
Under a private a pair and	E0665	Pneumatic appliance full arm	post-service review.	-
Beg pneumatic appl full leg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 0668 Seg pneumatic appl full arm MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed. - - - 0669 Seg pneumatic appl full leg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	E0666	Pneumatic appliance half leg		_
Default of the post-service review.	E0667	Seg pneumatic appl full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
Description post-service review. Image: control of post-service review. Image: c	E0668		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
Vebsol Seg pneumatic appli hair leg post-service review.				-
O670 Seg pneum int legs/trunk post-service review. - <t< td=""><td>E0669</td><td>Seg pneumatic appli half leg</td><td>post-service review.</td><td>-</td></t<>	E0669	Seg pneumatic appli half leg	post-service review.	-
06/1 Pressure pneum appl full reg post-service review.	E0670	Seg pneum int legs/trunk	post-service review.	-
0672 Pressure pneum appl full arm MP Criteria: Procedure/service review. - - - - 0673 Pressure pneum appl half leg MP Criteria: Procedure/service review. - - - - - 0673 Pressure pneum appl half leg MP Criteria: Procedure/service review. - - - - - 0675 Pneumatic compression device EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-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. - <th< td=""><td>E0672</td><td>Pressure pneum appl full arm</td><td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid</td><td>_</td></th<>	E0672	Pressure pneum appl full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
Description post-service review. post-ser	E0673	Pressure pneum appl half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
0676 Inter limb compress dev NOS Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.				· · · · · · · · · · · · · · · · · · ·
O691 UVI pn 2 sq ft or less MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – 0692 UVI sys panel 4 ft MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – 0693 UVI sys panel 6 ft MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – – –		· · · · · · · · · · · · · · · · · · ·		-
UVi pni 2 sq tr or less post-service review.	E0676	Inter limb compress dev NOS		-
Ubit sys panel 4 tt post-service review. 0693 Livit sys panel 6 ft MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	E0691	Uvl pnl 2 sq ft or less		
0693 LUI sys panel 6 ft MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	E0692	Uvl sys panel 4 ft		_
post-service review. – – – – –	E0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
	0693	Uvl sys panel 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-

E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0720	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	_	_	
E0731	Conductive garment for tens/	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	. .	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0740	Non-implant pelv flr e-stim	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0744	Neuromuscular stim for scoli	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	_
E0747	Elec osteogen stim not spine	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0748	Elec osteogen stim spinal	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 stimltor	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	_	_	_
E0762	Trans elec jt stim dev sys	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0764	Functional Neuromuscularstim	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; Ma 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0766	Elec stim cancer treatment	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0769	Electric wound treatment dev	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 E0783	Non-programble infusion pump Programmable infusion pump	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	Retire effective 08/14/2022 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.		_	Refire effective 00/14/2022
E0785	Replacement impl pump cathet	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	8/14/2022	– Retire effective 08/14/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
E0786	Implantable pump replacement	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	8/14/2022	Retire effective 08/14/2022
E0787	Cgs dose adj insulin inf pmp	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	_	_	_
E0855	Cervical traction equipment	Website Coding and Compensation Non-reimbursable ElU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
E0856	Cervic collar w air bladders	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		-	-
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0860	Tract equip cervical tract	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0890	Traction frame attach pelvic	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	-	_	-
E0935 E0936	Cont pas motion exercise dev	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0936	CPM device other than knee	post-service review.	-	6/30/2022	
E0936 E0941	CPM device other than knee Gravity assisted traction de	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- - -	- - 6/30/2022	– – Add effective 02/01/2022; Retiri effective 06/30/2022
E0936 E0941 E0942	CPM device other than knee Gravity assisted traction de Cervical head harness/halter	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- - -	- - 6/30/2022 -	
E0936 E0941	CPM device other than knee Gravity assisted traction de	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- - - -	- - 6/30/2022 - -	
E0936 E0941 E0942 E0944	CPM device other than knee Gravity assisted traction de Cervical head harness/halter	post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - 6/30/2022 - - 6/30/2022	
E0936 E0941 E0942 E0944 E0946	CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - -	-	effective 06/30/2022 - -
E0936 E0941 E0942 E0944 E0946 E0947	CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot Fracture frame dual w cross	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - -	- - 6/30/2022	effective 06/30/2022 _ _ Retire effective 06/30/2022
E0936 E0941 E0942 E0944 E0946 E0947 E0948	CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot Fracture frame dual w cross Fracture frame attachmnts pe	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. BU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-s	- - - - - -	- - 6/30/2022 6/30/2022	effective 06/30/2022 Retire effective 06/30/2022 Retire effective 06/30/2022
E0936 E0941 E0942 E0944 E0946 E0947 E0948 E0950	CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot Fracture frame dual w cross Fracture frame attachmnts pe Fracture frame attachmnts ce Tray	post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/Service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - -	- - 6/30/2022 6/30/2022	effective 06/30/2022 Retire effective 06/30/2022 Retire effective 06/30/2022
E0936 E0941 E0942	CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot Fracture frame dual w cross Fracture frame attachmnts pe Fracture frame attachmnts ce	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewe	- - - - - - - - - - - - -	- - 6/30/2022 6/30/2022	- Retire effective 06/30/2022 Retire effective 06/30/2022

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		
E0969		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
E0969	Wheelchair narrowing device	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
E0971	Wheelchair anti-tipping devi	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	_	_
E0981	Seat upholstery replacement	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
E0982	Back upholstery replacement	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 Manual Wheelchair Accessory, Lever-	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E0988	Activated, Wheel Drive, Pair	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	_	_
E1002	Pwr seat tilt	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1003	Pwr seat recline	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. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1007	Pwr seat combo w/shear	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1008	Pwr seat combo pwr shear	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	_	-
E1012	Ctr mount pwr elev leg rest	post-service review. – – – – – – – – – – – – – – – – – – –		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1014	Reclining back add ped w/c	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1028	W/c manual swingaway	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	_	_
E1036	Patient transfer system >299	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	Patient transfer system 2255	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1037	Transport chair ped size	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	Whelchr fxd full length arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
E1060	Wheelchair detachable arms	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1070	Wheelchair detachable foot r	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	_	-
E1085	Hemi-wheelchair fixed arms	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1086	Hemi-wheelchair detachable a	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. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	
E1090	Wheelchair lightweight det a	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1092	Wheelchair wide w/ leg rests	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	_	_
1		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	Whichr stand fxd arm ft rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1140	Wheelchair standard detach a	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1150	Wheelchair standard w/ leg r	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1170	Whichr ampu fxd arm leg rest	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1171	Wheelchair amputee w/o leg r	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			
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1190	Wheelchair amputee w/ leg re	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	Whichr special size/constrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1221	Wheelchair spec size w foot	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1225	Manual semi-reclining back	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1233	Rig ped wc tltnspc w/o seat	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1234	Fld ped wc tltnspc w/o seat	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
E1237	Rgd ped wc adjstabl w/o seat	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1238	Fld ped wc adjstabl w/o seat	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	_	_	_
E1250	Wheelchair lightwt fixed arm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1260	Wheelchair lightwt foot rest	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	_	_	_
E1285	Wheelchair heavy duty fixed	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1290	Wheelchair hvy duty detach a	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	_	_	_
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E1297	Wheelchair special seat dept	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 E1310	Whirlpool portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E1310 E1399	Whirlpool non-portable Durable medical equipment mi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
111399					
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

1629	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
1632	Wearable artificial kidney each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	6/15/2022	12/31/2022	Add effective 06/15/2022; Retire
1639	Scale Each	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		effective 12/31/2022 Add effective 01/01/2022
1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
1700	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
1701	Repl cushions for jaw motion	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
1702	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 endolymp fl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2201	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.	_	-	_
2202	Seat width 24-27 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
2203	Frame depth less than 22 in	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2204	Frame depth 22 to 25 in	post-service review.	-	-	-
2206	Man wc whl lock comp repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2207	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.	-	-	-
2211	Pneumatic propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2212	Pneumatic prop tire tube	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
2213	Decumptic prop tire incert	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Pneumatic prop tire insert	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2214	Pneumatic caster tire each	post-service review.	-	-	-
2215	Pneumatic caster tire tube	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2216	Foam filled propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
2217	Foam filled caster tire each	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2218	Foam propulsion tire each	post-service review.	-	-	-
2219	Foam caster tire any size ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2220	Solid propuls tire repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2221	Solid caster tire repl each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
2222	Solid caster integ whl repl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2228	Mwc acc wheelchair brake	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2230	Manual standing system	post-service review.	-	-	-
2231	Solid seat support base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2291	Planar back for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
2292	Planar seat for ped size wc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2293	Contour back for ped size wc	post-service review.	-	_	-
2294	Contour seat for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2295	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.	_	_	_
2310	Electro connect btw control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2311	Electro connect btw 2 sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2312	Mini-prop remote joystick	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
2313	PWC harness expand control	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2321	Hand interface joystick	post-service review.	-	-	-
2322	Mult mech switches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2323	Special joystick handle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
2324	Chin cup interface	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2325	Sip and puff interface	post-service review.	-	-	
2326	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	Hood (outromity control inter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2326	Head/extremity control inter	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	_	_	_
52221		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2331	Attendant control	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	_	_	_
52242	W/- dath 20 21 in and farms	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2342	W/c dpth 20-21 in seat frame	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.	-	-	-
52250	Power Wheelchair Accessory Group 34 Sealed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2359	Lead Acid Battery Each (E.G. Gel Cell Absorbed Glassmat)	post-service review.	-	-	-
E2360	22nf nonsealed leadacid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
52261	22-flad lands id batters.	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2361	22nf sealed leadacid battery	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	_	_	_
52264	Utpercented leaderid battery	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2364	U1nonsealed leadacid battery	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	_	_	_
E2367	Battery charger dual mode	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12307		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2371	Gr27 sealed leadacid battery	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E2374	Hand/chin ctrl std joystick	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2377	Expandable controller initl	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	_	_	_
53293	Insert pneum wheel drive	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2383	insert prieum wheel unve	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2384	Pneumatic caster tire	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			
	i oann nineu unive Wileel Life	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2387	Foam filled caster tire	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2394	Drive wheel excludes tire	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2402	Neg press wound therapy pump	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 E2504	SGD prerec msg >8min <=20min SGD prerec msg>20min <=40min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
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 E2511	SGD w multi methods msg/accs SGD sftwre prgrm for PC/PDA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2603	Skin protect wc cus wd <22in	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			
22005		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2606	Position wc cush wdth>=22 in	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
E2608	Skin pro/pos wc cus wd>=22in	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.	_	_	_
52610	Demand /a suchian	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2610	Powered w/c cushion	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2613	Position back cush wd <22in	post-service review.	-	-	-
E2614	Position back cush wd>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
50045		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2615	Pos back post/lat wdth <22in	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2619	Replace cover w/c seat cush	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
E2621	WC planar back cush wd>=22in	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	_	_	_
52622		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2623	Adj skin pro wc cus wd>=22in	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			
	Wheelchair Accessory Shoulder Elbow	post-service review.	-	-	-
E2626	Mobile Arm Support Attached To Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
<u> </u>	Balanced Adjustable	post-service review.			
E2627	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Balanced Adjustable Rancho Type	post-service review.	-	-	-
E2628	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Balanced Reclining	post-service review.	-	-	-
	Wheelchair Accessory Shoulder Elbow				
E2629	Balanced Friction Arm Support (Friction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
<u> </u>	Dampening To Proximal And Distal Joints)				
	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Monosuspension Arm				
E2630					
	And Hand Support Overhead Elbow Forearm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
53631	And Hand Support Overhead Elbow Forearm		-	-	-
E2631	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm	post-service review.	-	-	-
	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2631 E2632	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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E2632	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - 1/1/2022	-	- - - Add effective 01/01/2022
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E2632 E2633 G0028 G0029 G0030 G0031 G0032 G0033 G0033 G0035 G0035 G0036 G0037 G0038 G0039 G0039 G0040 G0041 G0042	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control Wheelchair Accessory Addition To Mobile Arm Support Supinator Doc Med Rsn No Scr Tob No Tob Scr/Cess Int Pt Scr Tob & Cess Int Pt Scr Tob & Cess Int Pall Serv During Meas 2+ Antipsy Schiz 2+ Benzo Seiz Pall Serv During Meas Pt Ed Pos 23 Pt/Ptn Decln Assess Pt Not Able To Participate Clin Pt No Ref Pt No Ref Rn Spec Pt Phys/Occ Therapy Pt/Ptn Decln Referral Ref To Therapy	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not s	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022		- Add effective 01/01/2022 Add effective 01/01/2022
E2632 E2633 G0028 G0029 G0030 G0031 G0032 G0033 G0034 G0035 G0036 G0037 G0038 G0039 G0040 G0041 G0042 G0044 G0045	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control Wheelchair Accessory Addition To Mobile Arm Support Supinator Doc Med Rsn No Scr Tob No Tob Scr/Cess Int Pall Serv During Meas 2+ Antipsy Schiz 2+ Benzo Seiz Pall Serv During Meas Pt Ed Pos 23 Pt Not Able To Participate Clin Pt No Ref Pt No Ref Pt No Ref Rn Spec Pt Phys/Occ Therapy Pt Mech Pros Ht Valv Pt Mitral Stenosis Mrs 90 Days Post Stk	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022		- Add effective 01/01/2022 Add effective 01/01/2022
E2632 E2633 G0028 G0029 G0030 G0031 G0032 G0033 G0034 G0035 G0036 G0037 G0038 G0039 G0040 G0041 G0043 G0044	And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type Suspension Support Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control Wheelchair Accessory Addition To Mobile Arm Support Supinator Doc Med Rsn No Scr Tob No Tob Scr/Cess Int Pall Serv During Meas 24 Antipsy Schiz 24 Benzo Seiz Pall Serv During Meas Pt Ed Pos 23 Pt/Ptn Decln Assess Pt Not Able To Participate Clin Pt No Ref Pt No Ref Pt No Ref Rn Spec Pt Phys/Occ Therapy Pt/Ptn Decln Referral Ref To Therapy Pt Mech Pros Ht Valv Pt Mitral Stenosis	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not s	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022		- Add effective 01/01/2022 Add effective 01/01/2022

0048	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
0049	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
0050	Pt W/ Lmted 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
0051 0052	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
1052	Pt Peri Dialysis Dur Mo Adv Rheum Pt Care Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 1/1/2022	-	Add effective 01/01/2022
055	Strk Cr Prev Pos Outcme Mvp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022 Add effective 01/01/2022
055	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 Add effective 01/01/2022
055	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 Add effective 01/01/2022
057	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
058	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
059	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
060	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
061	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
062	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
063	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
064	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
065	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
066	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
067	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
068	Adm of infusion drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
069	Adm of immune drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
070	Adm of chemo drug in home	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
)71	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
076	Care manag h vst new pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
)77	Care manag h vst new pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
)78	Care manag h vst new pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
)79	Care manag h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
80	Care manag h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
081	Care man h v ext pt 20 mi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
082	Care man h v ext pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
083	Care man h v ext pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
084	Care man h v ext pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
)85	Care man h v ext pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
86	Care man home care plan 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
87	Care man home care plan 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	A day in dona 1 at he are notified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
088	Adm iv drug 1st home visit	post-service review.	-	-	-
089	Adm subq drug 1st home visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	ram sood arag ist nome tist	post-service review.	-	-	-
090	Adm iv chemo 1st home visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
127	Trim nail(s)	post-service review.	-	-	-
454					
151	HHCP-serv of pt ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
152	HHCP-serv of ot ea 15 min	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
153	HHCP-svs of s/l path ea 15mn	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
156	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	_	_
157	HHC PT assistant ea 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
158	HHC OT assistant ea 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
	Services Performed By A Qualified Physical				
	Therapist In The Home Health Setting In The				
159	Establishment Or Delivery Of A Safe And	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
	Effective Physical Therapy Maintenance Program Each 15 Minutes				
	Services Performed By A Qualified				
	Occupational Therapist In The Home Health				
160		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
	Safe And Effective Occupational Therapy				
	Maintenance Program Each 15 Minutes				
	Services Performed By A Qualified Speech-				
	Language Pathologist In The Home Health				
61	Setting In The Establishment Or Delivery Of A Safe And Effective Speech-Language	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
	Pathology Maintenance Program Each 15				
	Minutes				
176	OPPS/PHP;activity therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
.77	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
80	MD certification HHA patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
19	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
25		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
35	B. ()			-	-
	Pet Imaging Any Site Not Otherwise Specified	Prior Authorization may be required per contract agreement.	-		
	Pet Imaging Any Site Not Otherwise Specified	Prior Authorization may be required per contract agreement.	-		
245	Pet Imaging Any Site Not Otherwise Specified	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
245	Initial foot exam pt lops	Prior Authorization may be required per contract agreement. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
245 246	Initial foot exam pt lops Followup eval of foot pt lop	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
45 46 47	Initial foot exam pt lops Followup eval of foot pt lop Routine footcare pt w lops	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-	-
45	Initial foot exam pt lops Followup eval of foot pt lop	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - -	- - - 12/31/2020	- - - Moved to PA code list
45 46 47 52	Initial foot exam pt lops Followup eval of foot pt lop Routine footcare pt w lops PET imaging initial dx	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ElU: Procedure/service in this code group may require Prior Authorization per contract agreement. ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- - - -	- - - 12/31/2020	- - Moved to PA code list
45 46 47	Initial foot exam pt lops Followup eval of foot pt lop Routine footcare pt w lops	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. EIU: 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 -	Moved to PA code list -
45 46 47 52	Initial foot exam pt lops Followup eval of foot pt lop Routine footcare pt w lops PET imaging initial dx	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - -	- - 12/31/2020 -	Moved to PA code list
45 46 47 52 55	Initial foot exam pt lops Followup eval of foot pt lop Routine footcare pt w lops PET imaging initial dx Current percep threshold tst	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. EIU: 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 - -	- - Moved to PA code list -

G0277	Hbot full body chamber 30m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
G0281	Electrim unattend for pross	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
00281	Elec stim unattend for press	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 Ipn 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	7/1/2022	10/15/2022	Add effective 07/01/2022;
		post-service review.		10/13/2022	Retired 10/15/2022
G0310 G0311	Immunize counsel 5-15 min Immunize counsel 16-30 mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	5/11/2022 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		Add effective 07/01/2021; Moved
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	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			
G0333	Dispense fee initial 30 day	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0333 G0341	Percutaneous islet celltrans	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
G0416	Prostate biopsy any mthd	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	_
G0422	Intens cardiac rehab w/exerc	post-service review.	-	-	-
G0423	Intens cardiac rehab no exer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	Collagen Meniscus Implant Procedure For	post-service review.			
G0428	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
G0455	Fecal microbiota prep instil	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	4/15/2022		Add effective 04/15/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	., 10, 2022	-	Add effective 04/13/2021 and
G0465	Autolog Prp Diab Wound Ulcer	post-service review.	4/13/2021	4/14/2022	Retire 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 G0495	Lpn care ea 15min hh/hospice Rn care train/edu in hh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-
G0495 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	_	_	_
	Improvement In Visual Function Achieved	post-service review.	-	-	-
G0913	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 evicore	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
51007	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.	_	_	_
51011	Cdsm qualified nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
51012	Cdsm agilemd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
51013	Cdsm evidencecare	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
61014	Cdsm inveniqa	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.	_	_	_
51018	Cdsm infinx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1019	Cdsm logicnets	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1020	Cdsm curbside	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1021	Cdsm ehealthline	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
1022	Cdsm intermountain	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
1023	Cdsm persivia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
1024	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
1025	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
1026	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
1020	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
2000	Blinded conv. tx mdd clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-1 -1 -1022	-	Aug circuive 01/01/2022
2000	Post D/C H Vst new pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
			-	-	-
2002	Post-D/C H Vst new pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
2003	Post-d/c h vst new pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
2004	Post-d/c h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
2005	Post-d/c h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
2006	Post-d/c h vst ext pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
2007	Post-d/c h vst ext pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
2008	Post-d/c h vst ext pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
2009	Post-d/c h vst ext pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
2010	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
2011	Alcohol/sub misuse assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
2012	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
2013	Post-d/c h vst ext pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
2014	Post-d/c care plan overs 30m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
2015	Post-d/c care plan overs 60m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
52020	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
2021	Hea care pract tx in place	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
					-
	Benef refuses service mod	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
2025	Dis Site Tele Svcs Rhc/Fqhc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	-
2025		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_ 12/31/2020	_ _ _ Retire effective 12/31/2020
2025 2058	Dis Site Tele Svcs Rhc/Fqhc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	<u>-</u>	_ 12/31/2020	_ _ _ Retire effective 12/31/2020 _
2025 2058	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	 	_ 12/31/2020 _	_ _ Retire effective 12/31/2020 _
2025 2058 2066	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_ 12/31/2020 	 Retire effective 12/31/2020
2025 2058 2066 2070	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	_ _ 12/31/2020 _ _	 Retire effective 12/31/2020
2025 2058 2066 2070	Dis Site Tele Sves Rhc/Fqhc Cem add 20min Inter deve remote 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	 	 Retire effective 12/31/2020
2025 2058 2066 2070 2071	Dis Site Tele Sves Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	_ 12/31/2020 _ _ _	 Retire effective 12/31/2020
2025 2058 2066 2070 2071	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		 12/31/2020 _ _ _	 Retire effective 12/31/2020
2025 2058 2066 2070 2071 2072	Dis Site Tele Sves Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - -	-	 Retire effective 12/31/2020 _ _ _ _ _
2025 2058 2066 2070 2071 2072 2081	Dis Site Tele Sves Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant Med tx insert/remove imp Pt 66+ snp or Itc pos > 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service. review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - - - - - - - - - - -	-	- - - -
2022 2025 2058 2066 2070 2071 2072 2072 2081	Dis Site Tele Sves Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant Med tx insert/remove imp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - 08/01/2021	-	 Retire effective 12/31/2020 Add effective 08/01/2021
2025 2058 2066 2070 2071 2072 2081 2082	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant Med tx insert/remove imp Pt 66+ snp or Itc pos > 90d Visit Esketamine 56M Or Less	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-	- - - - Add effective 08/01/2021
2025 2058 2066 2070 2071 2072 2081 2082 2083	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant Med tx insert/remove imp Pt 66+ snp or Itc pos > 90d Visit Esketamine 56M Or Less Visit Esketamine > 56M	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - 08/01/2021	-	- - - - Add effective 08/01/2021
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2025 2058 2066 2070 2071 2072 2081 2082 2083 2082 2093 2099 2099 2099 2099 2099 2099 209	Dis Site Tele Svcs Rhc/Fqhc Ccm add 20min Inter devc remote 30d Med assist tx implant Med tx remove implant Med tx insert/remove imp Pt 66+ snp or Itc pos > 90d Visit Esketamine 56M Or Less Visit Esketamine > 56M A1c level 7 to 9% Pt 66+ frailty and med dem Pt 66+ frailty and med dem Pt 66+ frailty and adv ill Ace arb arni Med doc rsn no ace arn arni Pt rsn no ace arn arni Sys rsn no ace arn arni Child dx uri 3d of other dx Pt 66+ frailty and med dem Pt 66+ frailty and svill Dil retinal eye exam 6 stereo photos interpret Eye img vaild w/7 stereo Pt 66+ It ints > 90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. NP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not su		- - - - - - - - - - - - - - - - - - -	Add effective 08/01/2021 Add effective 08/01/2021 Retire effective 08/01/2021

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52113 52114 52115 52116 52117 52118 52119 52120 52121 52122	Pred>5 mg >6m no chg da Pt 66-80 frailty and med dem Pt 66+ frailty and med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- 	 12/31/2020	
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52115 52116 52117 52118 52119 52120 52121 52122	Pt 66+ frailty and med dem	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/51/2020	
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52117 52118 52119 52120 52121 52122		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
52118 52119 52120 52121 52122	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
52119 52120 52121 52122	Pt 81+ frailty	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12,01,2020	neare enceare 12,01,2020
52120 52121 52122	Calc vitd opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	– Retire effective 12/31/2020
52121 52122	No calc vitd opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
52122	Psy dep anx ap and icd asse	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
	Psy/dep/anx/apandicd noasse	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
	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
52124	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
52125	Pt 81+ frailty	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		,,	
52126	Pt 66+ frailty adv ill	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
52127	Pt 66+ frailty med dem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
52128	No aspirin med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
52129	No bp outpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
52125	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
52130	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
52131	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
52132	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
52135	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
52134 52135	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
52135 52136	,		-	12/ 31/2020	Neure enective 12/31/2020
	Bk pain vas 6-20wk = 2 Bk pain vas 6-20wk > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52137		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52138	Bk pain vas 9-15mo = 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52139	Bk pain vas 9-20mo > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52140	Leg pain vas 6-20wk = 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52141	Leg pain vas 6-20wk > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52142	Fs odi 9-15mo postop<= 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
52143	Fs odi 9-15mo > 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
52144	Fs odi 6-20wk postop > 21	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
52145	Fsodi 6-20wk >22 or chg 30pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
52146	Leg pain vas 9-15mo <= 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
52147	Leg pain vas 9-15mo > 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
52148	Mpm used	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
52149	No mpm med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
52150	No mpm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
52151	Dx degen neuro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
52152	Res change sc =1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
52153	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
52154	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
52155	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
52156	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
52157	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
52158	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
52159	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
52160	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
52161	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
62162	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
62163	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
52164	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
52165	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
52166	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
62167	Res change sc < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
52168	Svs by pt in home health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
52169	Svs by ot in home health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	All inclusive payment for services related to	post-service review.			
	highly coordinated and integrated opioid use				
52172	disorder (oud) treatment services furnished	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	-	Add effective 04/01/2021
	for the demonstration project				
	Uri episodes where the patient had a				
	competing comorbid condition during the 12				
	months prior to or on the episode date (e.g.,				
52173	tuberculosis, neutropenia, cystic fibrosis,	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	chronic bronchitis, pulmonary edema,				
	respiratory failure, rheumatoid lung disease)				
	Uri episodes when the patient had a new or				
52174		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	30 days prior to or on the episode date	. , , , , , , , , , , , , , , , , , , ,			
	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,	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
52175	chronic bronchitis, pulmonary edema,				
52175	respiratory failure, rheumatoid lung disease)				
52175	respiratory randre, meanatora rang alsease,				
52175 52176	Outpatient, ed, or observation visits that	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.	-	-	-
	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example				
G2178	patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	previously documented diabetic peripheral neuropathy with loss of protective sensation				
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.	_	-	-

	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,					
G2207	insufficient renal function, insufficient hepatic	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	_	_	_
	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)					
	Patient did not receive adjuvant treatment					
G2208		Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	-	-	-
	targeted therapy					
G2209	Patient refused to participate	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	_	_	_
	Risk-adjusted functional status change					
	residual score for the neck impairment not					
G2210	measured because the patient did not	Ocovered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.			
	complete the neck fs prom at initial			-	-	-
	evaluation and/or near discharge, reason not					
	given					
	Remote assessment of recorded video and/or					
	images submitted by an established patient					
	(e.g., store and forward), including					
C2250	interpretation with follow-up with the patient					
G2250		Covered: Procedure/service not covered by the Plan. N	of subject to pre-service review.	-	-	-
	a related service provided within the previous					
	7 days nor leading to a service or procedure within the part 24 hours or secondst available					
	within the next 24 hours or soonest available appointment					
G2251	Brief chkin 5-10 non-e/m	Ocovered: Procedure/service not covered by the Plan. N	ot subject to pre-service review		12/31/2021	Retire effective 12/31/2021
G2251 G2252	Brief chkin by md/qhp 11-20	Covered: Procedure/service not covered by the Plan. N		-	12/31/2021	Retire effective 12/31/2021
				-	12/31/2021	
G4000	Dermatology Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4001	Diagnostic Rad Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4002	Ep Cardio Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4003	Emergency Med Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G4004	Endocrinology Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4005	Family Medicine Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G4006	Gastroenterology Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	_	Add effective 01/01/2022
G4007	General Surgery Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4008	Geriatrics Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4009					-	
	Hospitalists Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4010	Infectious Disease Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	_	Add effective 01/01/2022
G4011	Internal Medicine Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	-	Add effective 01/01/2022
G4012	Interventional Rad Ss	Covered: Procedure/service not covered by the Plan. N		1/1/2022	_	Add effective 01/01/2022
G4013	Mentl/Behav Health Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G4014	Nephrology Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G4015	Neurology Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G4016	Neurosurgical Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G4017	Nutrition/Dietician Ss	Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022		Add effective 01/01/2022
	Ob/Gyn Ss			1/1/2022	-	Add effective 01/01/2022
1140118		Covered: Procedure/service not covered by the Plan N		1/1/2022	-	
G4018		Covered: Procedure/service not covered by the Plan. N				Add offoctive 01/01/2022
G4019	Oncology/Hema Ss	Covered: Procedure/service not covered by the Plan. N				Add effective 01/01/2022
G4019 G4020	Oncology/Hema Ss Ophthalmology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review.	1/1/2022		Add effective 01/01/2022
G4019 G4020 G4021	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss	i Covered: Procedure/service not covered by the Plan. N i Covered: Procedure/service not covered by the Plan. N i Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022		Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022	- - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022	_ _ _ _	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022	- - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022		Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pediatric Ss Physical Medicine Ss Phys/coc Therapy Ss Plastic Surgery Ss Podiatry Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4023 G4023 G4024 G4025 G4026 G4027 G4028 G4029	Oncology/Hema Ss Ophthalmology Ss Ottoppedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Physi/Occ Therapy Ss Plastic Surgery Ss Plodiatry Ss Preventive Medicine Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - -	Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4029 G4029	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4029 G4030 G4031	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - -	Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4027 G4028 G4029 G4030 G4031 G4032	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss Rheumatology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4029 G4030 G4031	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4027 G4028 G4029 G4030 G4031 G4032	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss Rheumatology Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4028 G4029 G4030 G4031 G4032 G4033	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pathology Ss Pediatric Ss Physical Medicine Ss Phys/Occ Therapy Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss Rheumatology Ss Skilled Nursing Facility Ss	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Plan. N	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/01/2022
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G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4029 G4030 G4031 G4032 G4033 G4034 G4035 G4036 G4037 G4038 G4039 G4038 G8395 G8398 G8399 G8399 G8404 G8405 G8410 G8415	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pediatric Ss Physical Medicine Ss Physical Medicine Ss Physical Kedicine Ss Physical Kedicine Ss Plastic Surgery Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss Radiation Oncology Ss Rheumatology Ss Skilled Nursing Facility Ss Speech Language Path Ss Thoracic Surgery Ss Urology Ss Vascular Surgery Ss Urology Ss Vascular Surgery Ss LVEF>=40% doc normal or mild LVEF not performed Dil macula/fundus exam/w doc Dil macula/fundus exam/w doc Dil macula/fundus exam/w doc Dil macula/fundus not perfo Pt w/dxa no results doc Low extemity neur not perfor Eval on foot not performed Pt inelig footwear evaluatio Calc bmi abv up param f/u	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Pl	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/0
G4019 G4020 G4021 G4022 G4023 G4024 G4025 G4026 G4027 G4028 G4029 G4030 G4031 G4032 G4033 G4034 G4035 G4036 G4037 G4038 G8397 G8398 G8400 G8401 G8402 G8403 G8410 G8415 G8416 G8417 G8418	Oncology/Hema Ss Ophthalmology Ss Orthopedic Surgery Ss Otolaryngology Ss Pediatric Ss Physical Medicine Ss Physical Medicine Ss Physical Kelling Ss Podiatry Ss Podiatry Ss Preventive Medicine Ss Pulmonology Ss Radiation Oncology Ss Radiation Oncology Ss Radiation Oncology Ss Skilled Nursing Facility Ss Speech Language Path Ss Thoracic Surgery Ss Urgent Care Ss Urgology Ss Vascular Surgery Ss Vascular Surgery Ss Vascular Surgery Ss UVEF>=40% doc normal or mild LVEF not performed Dil macula/fundus exam/w doc Dil macula/fundus not perfo Pt w/dxa results doc Low extemity neur exam docum Low extemity neur exam docum Low extemity neur evaluatio Calc bmi abv up param f/u Calc bmi blw low param f/u	Covered: Procedure/service not covered by the Plan. N Covered: Procedure/service not covered by the Pl	ot subject to pre-service review. ot subject to pre-service review.	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	- - - - - - - - - - - - - - - - - - -	Add effective 01/01/2022 Add effective 01/0

G8421 G8422				
58422	Bmi not calculated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
	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
68427	Docrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
68428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
8430	Ec at doc medrec pt not elig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
8431	Pos clin depres scrn f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
8433	Scr for dep not cpt doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
8442	Doc pain as nt perf not elg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	12/31/2020	Retire effective 12/31/2020
8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
3451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
3465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
3473	ACE/ARB thxpy rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
3475	ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
476				
470	Bp sys <140 and dias <89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
	Bp sys>=140 and/or dias >=89	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
478	BP not performed/doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-
506	Pt rec ACE/ARB	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
509	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
510	Scr dep neg no plan reqd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
511	Scr dep pos no plan doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
535	Eld maltreatment not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
536	No doc elder mal scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
539	Doc funct and care plan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
540	Foa not doc as being perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
541	No doc cur funct assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
542	Doc funct no deficiencies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
543	Cur funct asses; no care pln	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
559	Pt ref doc oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
560	Pt hx act drain prev 90 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
561	Pt inelig for ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
562	Pt no hx act drain 90 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
			-	-
563	Pt no ref oto reas no spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
564	Pt ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
565	Ver doc hear loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
566	Pt inelig ref oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
3567	Pt no doc hear loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
568	Pt no ref otolo no spec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
3569	Prol intubation req	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
3570	No prol intub req	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
3571	Ster wd ifx 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
572	No ster wd ifx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	12/31/2020	Retire effective 12/31/2020
573	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
574	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
575	Postop ren fail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
576	No postop ren fail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
577	Reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
578	No reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_
598	Asa/antiplat ther used	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
599	No asa/antiplat ther use rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-
500	tPA initi w/in 3 hrs		-	_
601	No elig tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	-	_
602		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
	No tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 12/21/2020	- - Retire offective 12/21/2020
527	No tPA init w/in 3 hrs Surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_ _ _ Retire effective 12/31/2020 Potico offective 12/21/2020
627 628	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_ _ _ Retire effective 12/31/2020 Retire effective 12/31/2020
627 628 633	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647 648	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647 648 650	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscr sk in o scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscr sk in o scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 552	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor < 1 Rafscr ski scor < 1 Rafscr ski no scor no surv Rafscrs hi scor >=1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 552 554	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 552 554 555	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscr sh i no scor no surv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 552 554 555 555 556	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor >= 1 Rafs crs ki no scor no surv Rafscrs hi scor >= 1 Rafs crs li no scor no surv Rafscrs li fai scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 551 552 554 555 555 556 558	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor <=1 Rafscrs hi scor >=1 Rafscrs hi no scor no surv Rafscrs lifai scor >= 1 Rafscrs lifai scor <=1 Rafscrs lifai scor <=1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 552 554 555 556 556 558 559	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor >= 1 Rafscrs llfai scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647 648 650 651 652 654 655 655 656 658 659 660	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor <= 1 Rafscrs ki scor < 1 Rafscr sk in o scor no surv Rafscrs hi scor < 1 Rafscrs lfai scor >= 1 Rafscrs lfai scor < 1 Rafscrs lfai no scor + surv Rafscrs lfai no scor + surv Rafscrs lfai os cor < 1 Rafscrs lfi scor < 1 Rafscrs lfi scor < 1 Rafscrs lfai scor >= 1 Rafscrs lfai scor < 1 Rafscrs lfai scor < 1 Rafscrs lfi scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 647 648 650 651 652 654 655 656 658 659 660 661	No tPA init w/in 3 hrs Surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs lifa scor < 1 Rafscrs lifa i scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647 648 650 651 652 654 655 655 656 658 659 660 661 662	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor >= 1 Rafs crs ki no scor no surv Rafscrs hi no scor no surv Rafscrs lifai scor >= 1 Rafscrs lifai scor >= 1 Rafscrs lifai no scor + surv Rafscrs li si scor >= 1 Rafscrs li si scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 647 648 650 651 652 654 655 656 658 659 660 661 662 663	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafs crs ki no scor no surv Rafscrs hi scor >= 1 Rafs crs hi no scor no surv Rafscrs llfai scor < 1 Rafscrs llfai scor < 1 Rafscrs llfai scor < 1 Rafscrs lbi scor < 1 Rafscrs lbi no scor Rafscrs lbi no scor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
627 628 633 635 647 648 650 651 652 655 655 655 655 655 655 655	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs lifai scor >= 1 Rafscrs lifai scor < 1 Rafscrs lifa scor < 1 Rafscrs si scor >= 1 Rafscrs si scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 554 555 555 555 555 555 555 555 55	No tPA init w/in 3 hrs Surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs lfai scor >= 1 Rafscrs lfai scor >= 1 Rafscrs lfai scor >= 1 Rafscrs lfai scor < 1 Rafscrs lbi scor < 1 Rafscrs lbi scor < 1 Rafscrs lbi no scor Rafscrs lbi no scor Rafscrs si lo scor >= 1 Rafscrs i scor < 1 Rafscrs i scor < 1 Rafscrs i scor < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
527 528 533 535 547 548 550 551 555 555 555 555 555 555 555 555	No tPA init w/in 3 hrs Surg proc w/in 30 days Pharm ther osteo rx No splarm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs lifai scor < 1 Rafscrs si scor >= 1 Rafscrs si scor < 1 Rafscrs si socr < 1 Rafscrs si socr < 1 Rafscrs si socr < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
227 228 233 235 247 248 250 251 255 255 255 255 255 255 255	No tPA init w/in 3 hrs Surg proc w/in 30 days No surg proc w/in 30 days Pharm ther osteo rx No pharm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor >= 1 Rafs crs ki no scor no surv Rafscrs hi scor >= 1 Rafs crs ki no scor no surv Rafscrs lifai scor >= 1 Rafscrs si scor >= 1 Rafscrs ewh scor >= 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		
602 627 628 633 635 647 648 650 651 655 656 655 656 658 665 658 665 665 666 661 666 666 666 666 666 666	No tPA init w/in 3 hrs Surg proc w/in 30 days Pharm ther osteo rx No splarm ther osteo rx Rafscrs ki scor >= 1 Rafscrs ki scor < 1 Rafscrs ki scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs hi scor < 1 Rafscrs lifai scor < 1 Rafscrs si scor >= 1 Rafscrs si scor < 1 Rafscrs si socr < 1 Rafscrs si socr < 1 Rafscrs si socr < 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		

G8672 G8674 G8694 G8708 G8709 G8710 G8711 G8712 G8721 G8722 G8722 G8723	Rafscrs goi scor < 1 Rafscrs neck no msr/no foto Left Ventriucular Ejection Fraction (Lvef) < 40% Patient Not Prescribed Or Dispensed Antibiotic Pt presc doc med rsn id uri Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category (Regional Lymph Nodes) And Histologic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
G8694 G8708 G8709 G8710 G8711 G8712 G8721 G8722	Left Ventriucular Ejection Fraction (Lvef) < 40% Patient Not Prescribed Or Dispensed Antibiotic Pt presc doc med rsn id uri Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G8708 G8709 G8710 G8711 G8712 G8721 G8722	40% Patient Not Prescribed Or Dispensed Antibiotic Pt presc doc med rsn id uri Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category			,,	
58709 58710 58711 58712 58721 58722	Patient Not Prescribed Or Dispensed Antibiotic Pt presc doc med rsn id uri Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
68709 58710 58711 58712 58721 58722	Pt presc doc med rsn id uri Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category				
58710 58711 58712 58721 58722	Patient Prescribed Or Dispensed Antibiotic Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
58711 58712 58721 58722	Prescribed Or Dispensed Antibiotic Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
58712 58721 58722	Antibiotic Not Prescribed Or Dispensed Pt Category (Primary Tumor) Pn Category		-	-	_
58721 58722	Pt Category (Primary Tumor) Pn Category	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
58722		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
	Grade Were Documented In Pathology Report	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Med reas pt pn not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
50725	Specimen Site Is Other Than Anatomic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Location Of Primary Tumor		-	-	-
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	Non Covered: Procedure/corvice not covered by the Plan. Not subject to pre-service review			
30734	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 <	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8753	140Mmhg Most Recent Systolic Blood Pressure >=	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	140Mmhg Most Recent Diastolic Blood Pressure <		-	-	-
G8754	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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G8798	Of Esophagus Specimen Site Other Than Anatomic Location	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G8806	Of Prostate Perf ultrsnd 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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
	Post-Operative Day #7 Patient Not Discharged To Home By Post-		-	-	-
G8825	Operative Day #7 Patient Discharge To Home No Later Than	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8826	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 Patient Discharged To Home No Later Than	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8834	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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
	Sleepiness				
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.	_		_
	Apnea Hypopnea Index (Ahi) Or Respiratory	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
G8842	Disturbance Index (Rdi) Measured At The				
G8842	Time Of Initial Diagnosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8842 G8843	Time Of Initial Diagnosis Doc reas no ahi or rdi		_	_	_
G8842 G8843 G8844	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G8842 G8843 G8844	Time Of Initial Diagnosis Doc reas no ahi or rdi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		_
G8842 G8843 G8844 G8845	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx		_	-	_
G8842 G8843 G8844 G8845 G8846	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
G8842 G8843 G8844 G8845 G8846 G8846 G8849	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8842 G8843 G8844 G8845 G8846 G8846 G8849 G8850	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed Objective Measurement Of Adherence To	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - - -
G8842 G8843 G8844 G8845 G8846 G8846 G8849	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - -
G8842 G8843 G8844 G8845 G8846 G8846 G8849 G8850 G8851	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed Objective Measurement Of Adherence To Positive Airway Pressure Therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - - -
G8842 G8843 G8844 G8845 G8846 G8846 G8849 G8850 G8851 G8851 G8852	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -	-	- - - -
G8842 G8843 G8844 G8845 G8846 G8846 G8849 G8850	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed Objective Measurement Of Adherence To Positive Airway Pressure Therapy Documented Positive Airway Pressure Therapy Prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - - - -
G8842 G8843 G8844 G8845 G8846 G8849 G8849 G8850 G8851 G8851 G8852 G8854	Time Of Initial Diagnosis Doc reas no ahi or rdi No AHI or RDI initial dx Positive Airway Pressure Therapy Prescribed Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater) Doc reas no Pos Air Press No PAP prescribed Objective Measurement Of Adherence To Positive Airway Pressure Therapy Documented Positive Airway Pressure Therapy Prescribed Reas no adhere Pos Air Pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - -	- - - - - -	- - - - - - -

	Patient Is Not Eligible For The Referral For					
G8857	Otologic Evaluation Measure (E.G. Patients Who Are Already Under The Care Of A	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	-	-
	Physician For Acute Or Chronic Dizziness)					
G8858	Not ref for oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8863	No assess bone loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	
G8864	Pneumococcal Vaccine Administered Or	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	o roviow			
08804	Previously Received	Non covered. Procedure/service not covered by the Plan. Not subject to pre-servic	e review.	-	-	-
	Documentation Of Medical Reason(S) For Not					
C0065	Administering Or Previously Receiving					
G8865	Pneumococcal Vaccine (E.G. Patient Allergic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	-	-
	Reaction Potential Adverse Drug Reaction)					
	Documentation Of Patient Reason(S) For Not					
G8866	Administering Or Previously Receiving	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	-	-
	Pneumococcal Vaccine (E.G. Patient Refusal)					
G8867	No pneumococcal admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8869	Doc immune hep b antitnf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
	Excised Tissue Evaluated By Imaging					
G8872	Intraoperatively To Confirm Successful	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	12/31/2020	Retire effective 12/31/2020
	Inclusion Of Targeted Lesion					
G8873	Specimen not intraop image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	12/31/2020	Retire effective 12/31/2020
	Excised Tissue Not Evaluated By Imaging					
G8874	Intraoperatively To Confirm Successful	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	12/31/2020	Retire effective 12/31/2020
	Inclusion Of Targeted Lesion Clinician Diagnosed Breast Cancer					
G8875		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e review.			
	Method			-	-	-
G8876	Doc reas no min inv dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8877	No brst cncr dx min invasive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service				
	Sentinel Lymph Node Biopsy Procedure				-	_
G8878	Performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	-	-
G8880	Sen lym p node biop not perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
C0001	Stage Of Breast Cancer Is Greater Than	New Course dr. Deservatives / services and south a Disc. Net subject to any service				
G8881	T1N0M0 Or T2N0M0	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	-	-	-
G8882	No sent lymph node biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8883	Biopsy Results Reviewed Communicated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	o roviow			
08885	Tracked And Documented	Non covered. Procedure/service not covered by the Plan. Not subject to pre-servic	e review.	-	-	-
G8884	Clinician Documented Reason That Patient'S	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e review.			
	Biopsy Results Were Not Reviewed			-	-	-
G8885	Bipsy Results Not Reviewed Communicated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
C2007	Tracked Or Documented	Non Coverady Procedure (convice not covered by the Plan. Not subject to pro-convic	o roviow			
G8907 G8908	Pt doc no events on discharge Pt doc w burn prior to D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	_
G8909				-		
	Pt doc no burn prior to D/C Pt doc to have fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	_
G8910 G8911		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	-
	Pt doc no fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	-
G8912	Pt doc with wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	_
G8913	Pt doc no wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		-	-	_
G8914	Pt trans to hosp post D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	_
G8915	Pt not trans to hosp at D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_		_
G8916	Pt w IV AB given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic		_	_	_
G8917	Pt w IV AB not given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	
G8918	Pt w/o preop order IV AB prop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	
G8923	LVEF < 40% or lvsd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	
G8924	Spir fev1/fvc<70% fev<60%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		_	_	
G8925	Spir fev1/fvc>=60% & no copd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e 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		-	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		_	_	-
G8935	Rx ACE or ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
G8936	Pt not eligible ace/arb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
G8937	No rx ACE/ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	-	-
G8938	Bmi doc onl fup nt doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service		-	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	e 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	e review.		_	_
G8942	Doc fcn/care plan w/30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.		_	_
G8944	AJCC Mel cnr stg 0 - IIC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.		_	_
G8946	Mibm but no dx of breast ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8950	Pre-htn or htn doc f/u indc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8952	Pre-htn/htn no f/u not gvn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8955	Most recent assess vol mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8956	Pt rcv HeDia outpt dyls fac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8958	Assess vol mgmt not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	_	_
G8959	Clin tx MDD comm to tx clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.	_	12/31/2020	Retire effective 12/31/2020
	Clin to MDD not comm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e 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		_	_	_
	CSIT lowrisk surg pts preop	Non covered. Frocedure/service not covered by the Fian. Not subject to pre-service				
G8961		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.			
G8961 G8962	CSIT lowrisk surg pts preop					-
G8961 G8962 G8963	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review.		-	-
G8961 G8962 G8963 G8964	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review. e review.	-		-
G8961 G8962 G8963 G8964 G8965	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr CSIT perf on low CHD rsk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review. e review. e review.	-	- - -	- - -
G8961 G8962 G8963 G8964 G8965 G8966	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr CSIT perf on low CHD rsk CSIT perf sx or high CHD rsk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic Non Covered: Procedure/service not covered by the Plan. Not subject to pre-servic	e review. e review. e review. e review.	- - - -	- - - -	- - - -
G8960 G8961 G8962 G8963 G8964 G8965 G8966 G8967 G8968	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr CSIT perf on low CHD rsk CSIT perf sx or high CHD rsk Warf or other fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review. e review. e review. e review. e review.	- - - - -	_ _ _ _ _	- - - - -
G8961 G8962 G8963 G8964 G8965 G8966 G8967 G8968	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr CSIT perf on low CHD rsk CSIT perf sx or high CHD rsk Warf or other fda drug presc Doc med not presb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review. e review. e review. e review. e review. e review. e review.	- - - - - -	- - - - - -	- - - - - -
G8961 G8962 G8963 G8964 G8965 G8966 G8967	CSIT lowrisk surg pts preop CSIT on pt any reas 30 days CSI per asx pt w/PCI 2 yrs CSI any other than PCI 2 yr CSIT perf on low CHD rsk CSIT perf sx or high CHD rsk Warf or other fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service	e review. e review. e review. e review. e review. e review. e review.	- - - - - - -	- - - - - - -	- - - - - - - -

8973	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
8974	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
8975	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
8976	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
			_		
9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
9013	ESRD demo bundle level I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9014	ESRD demo bundle-level II	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9016	Demo-smoking cessation coun	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9050	Oncology work-up evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
9055		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
	Onc visit unspecified NOS		-	-	_
9056	Onc prac mgmt adheres guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9057	Onc pract mgmt differs trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
9058	Onc prac mgmt disagree w/gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9063	Onc dx nsclc stgl no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
			-	-	-
9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
079	Onc dx prostate T3b-T4noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
			-	-	_
080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9083	Onc dx prostate unknwn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9084	Onc dx colon t1-3 n1-2 no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9085	Onc dx colon T4 N0 w/o prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
093	Onc dx rectal M1 w/mets prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
			-	-	_
095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
096	Onc dx esophag T1-T3 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
101	Onc dx gastric p R1-R2noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
102	Onc dx gastric unresectable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
106	Onc dx pancreatc p R1/R2 no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
100	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
107	Onc dx pancreatic unknwn NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
108	Onc dx head/neck T1-T2no prg		-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Onc dx head/neck ext unknown		_		
113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
113			-		-
113 114	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
112 113 114 115 116	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - -	- - - -
113 114 115	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
113 114 115 116	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	- - - - -	
113 114 115 116 117 123	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -		- - - - -
113 114 115 116 117 123 124	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - -	- - - - - - - - -	- - - - - - -
113 114 115 116 117 123 124 125	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML blast phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - -	- - - - - - - - - - - - - -	- - - - - - - - - -
113 114 115 116 117 123 124 125 126	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - -		
113 114 115 116 117 123 124 125 126 128	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML remission Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
113 114 115 116 117 123 124 125 126 128 129	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg1A-gorog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML remission Onc dx mult myeloma stage 1 Onc dx mult myeloma stage 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
113 114 115 116 117 123 124 125 126 128	Onc dx ovarian stg1A-B no pr Onc dx ovarian stg1A-B or 2 Onc dx ovarian stg3/4 noprog Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML remission Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		

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 lg 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.	-	-	
	Outpatient Intravenous Insulin Treatment				
	(OIVIT) either pulsatile or continuous, by any				
	means, guided by the results of	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
G9147	measurements for:respiratory quotient;	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
	and/or, urine urea nitrogen (UUN); and/or,				
	arterial, venous or capillary glucose; and/or				
	potassium concentration				
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.	-	_	_
G9212	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	Ptrsn 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	Ptrsn no comm comorbid	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		– Retire effective 12/31/2020
G9239		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	
	Doc rsn hemod & cath acc		-		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.		_	_
					-
G9243	Doc viral load <200	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9243 G9246 G9247	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	- - -	-
G9243 G9246 G9247 G9250	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	- - - -	- - - -
G9243 G9246 G9247 G9250 G9251	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -	- - - - -	- - - - -
G9243 G9246 G9247 G9250 G9251 G9254	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -	- - - - -	- - - - - -
G9243 G9246 G9247 G9250 G9251 G9254 G9255	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc np ticschg >2d Doc pt dischg <=2d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - -	- - - - - - -	- - - - - - - - - - - - -
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - -	- - - - - - - 12/31/2020	- - - - - - - - - Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas Doc of pat stroke after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	12/31/2020	Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - -	12/31/2020 12/31/2020	
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas Doc of pat stroke after cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020	Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas Doc of pat stroke after cas Doc of pat stroke after cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258 G9259	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc np dischg >2d Doc pt dischg <=2d Doc of pat death after cas Doc of pat stroke after cea Survive/no stroke post cas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258 G9259 G9259 G9250	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc of pat death after cas Doc of pat stroke after cas Doc of pat stroke after cea Survive/no stroke post cas Doc of pat death after cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258 G9259 G9260 G9261 G9262	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <2d Doc of pat death after cas Doc of pat stroke after cas Doc of pat stroke after cea Survive/no stroke post cas Doc of pat death after cea Survive/no stroke post cea Doc of death post-aaa repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9256 G9257 G9258 G9259 G9260 G9261 G9262 G9263	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc pt dischg <=2d Doc of pat death after cas Doc of pat stroke after cea Survive/no stroke post cas Doc of pat death after cea Survive/no stroke post cea Doc of death post-aaa repair Doc of disch post-aaa repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
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G9243 G9246 G9247 G9250 G9251 G9255 G9256 G9257 G9258 G9259 G9259 G9259 G9260 G9261 G9262 G9263 G9264 G9265	Doc viral load <200 No med visit in 24mo 1 med visit in 24mo Doc of pain comfort 48hr Doc no pain comfort 48hr Doc no pain comfort 48hr Doc pt dischg >2d Doc of pat death after cas Doc of pat stroke after cas Doc of pat stroke after cea Survive/no stroke post cas Doc of pat death after cea Survive/no stroke post cea Doc of death post-aaa repair Doc of disch post-aaa repair Doc of shemod w/cath >=90d Doc cath >90d for maint dia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure		12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020
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G9243 G9246 G9247 G9250 G9251 G9254 G9255 G9258 G9259 G9259 G9250 G9253 G9254 G9255 G9260 G9261 G9262 G9263 G9264 G9265 G9266 G9267 G9268 G9270 G9273 G9274 G9275 G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285	Doc viral load <200	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered b		12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020 Retired Retired Retired	Retire effective 12/31/2020 Retire effective 12/31/2021 Retired effective 12/31/2021 Retired effective 12/31/2021 Retired effective 12/31/2021
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9289 9290							
	Doc type nsm lung ca	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
	No doc type nsm lung ca	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
9291	Not nsm lung ca	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
9292	Medrsn no pt category	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	
9293	No pt category on report	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
294	Pt cat and thck on report	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
295	Non cutaneous loc	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
296	Doc share dec prior proc	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.			
297	No doc share dec prior proc	Non Covered: Procedure/service not cover					_
298	Eval risk vte card 30d prior	Non Covered: Procedure/service not cover					_
299	No eval riskk vte card prior	Non Covered: Procedure/service not cover			-	-	-
					-	-	- Detine offertive 12/21/2020
300	Doc medrsn no compl antibio	Non Covered: Procedure/service not cover			-	12/31/2020	Retire effective 12/31/2020
9301	Doc compl inf antibio	Non Covered: Procedure/service not cover			-	12/31/2020	Retire effective 12/31/2020
302	Norsn incomp inf antibio	Non Covered: Procedure/service not cover			_	12/31/2020	Retire effective 12/31/2020
303	Norsn no pros info op rpt	Non Covered: Procedure/service not cover			_	12/31/2020	Retire effective 12/31/2020
304	Pros info op rpt	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
305	No interv req for leak	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	
306	Interv req for leak	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
307	No ret for surg w in 30d	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
308	Unpl ret or w/compl w/in 30d	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
309	No unplnd hosp readm in 30d	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.			
310	Unplnd hosp readm in 30d	Non Covered: Procedure/service not cover					
311	No surg site infection	Non Covered: Procedure/service not cover			-	-	-
312	Surgical site infection	Non Covered: Procedure/service not cover			-	-	-
			,	, ,	-	-	-
313	Amoxic not presc as 1st line	Non Covered: Procedure/service not cover			-	-	-
314	Norsn not first line amox	Non Covered: Procedure/service not cover			_	-	-
315	Doc first line amox	Non Covered: Procedure/service not cover		, ,	_	_	_
316	Doc comm risk calc	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	-	_
317	No doc comm risk calc	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
818	Image std nomenclature	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
319	Image not std nomenclature	Non Covered: Procedure/service not cover			_	_	_
321	Doc count of ct in 12mo	Non Covered: Procedure/service not cover				-	
322	No doc count of ct in 12mo	Non Covered: Procedure/service not cover					
326	Ct done no rad ds index nrg	Non Covered: Procedure/service not cover			-	12/31/2020	Retire effective 12/31/2020
320	•				-		
	Ct done rad ds index	Non Covered: Procedure/service not cover			-	12/31/2020	Retire effective 12/31/2020
329	Norsn no dicom format doc	Non Covered: Procedure/service not cover			-	12/31/2020	Retire effective 12/31/2020
340	Dicom format doc on rpt	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
41	Srch for ct w in 12 mos	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_		
42	No srch for ct in 12mo norsn	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
44	Sysrsn no dicom srch	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
45	Follow up pulm nod	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.	_	_	_
347	No follow up pulm nod norsn	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.			
348	Doc rsn for ord ct scan	Non Covered: Procedure/service not cover				 Retired	
349	Ct within 28 days	Non Covered: Procedure/service not cover			_	Retired	Retired effective 12/31/2021
350	No doc sinus ct 28d or dx	Non Covered: Procedure/service not cover			-	Retired	Retired effective 12/31/2021
350					-	Netireu	Retired enective 12/31/2021
	Doc >1 sinus ct w 90d dx	Non Covered: Procedure/service not cover	red by the Plan.		-		
352	Not >1 sinus ct w 90d dx	Non Covered: Procedure/service not cover			-	-	-
53	Medrsn >1 sinus ct w 90d dx	Non Covered: Procedure/service not cover	red by the Plan.	Not subject to pre-service review.		-	
53			red by the Plan.	Not subject to pre-service review.		_ _ _	-
53 54	Medrsn >1 sinus ct w 90d dx	Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		- - - -	- - -
53 54 55	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.			- - - -
53 54 55 56	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan. red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	- - - - -	- - - -	- - - -
53 54 55 56 57	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan. red by the Plan. red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	-		- - - - -
53 54 55 56 57 58	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			-
53 54 55 56 57 58 59	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		- - - - - - - - -	- - - - - - -
53 54 55 56 57 58 59 60	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - -
53 55 55 56 57 58 59 60 61	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -
53 54 55 56 57 58 59 60 61 64	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - -		
53 54 55 56 57 58 59 60 61 64 65	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - 12/31/2020	
53 54 55 56 57 58 59 60 61 64 65 66	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		- - - - - - - - - - - - - - - - - - -	
53 54 55 56 57 58 59 60 61 64 65 66	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 55 55 56 57 58 59 60 61 64 65 66 66 67	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 55 55 57 58 59 60 61 64 65 66 66 67 68	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 54 55 56 57 58 59 60 61 64 65 66 67 68 80	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1high risk med ord 1high risk no ord >= 2 same hi-rsk med not ord	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 55 55 55 57 58 59 60 61 64 65 66 65 66 66 67 68 80 82	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord >> 2 same hi-rsk med not ord Off assis eol iss No off assis eol	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 55 55 56 57 58 59 50 50 60 61 64 55 55 666 57 58 80 82 83	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 54 55 55 56 57 58 59 60 61 64 65 56 66 67 68 80 82 83 83 84	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 2 same hi-rsk med ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
53 54 55 56 57 57 58 59 50 50 51 55 56 55 56 57 58 80 32 33 33 34 35	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1high risk med ord 1high risk no ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.			
33 54 55 56 57 58 59 50 51 54 55 56 57 58 30 32 33 34 355 36	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1high risk med ord 1high risk med ord 1high risk no ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd	Non Covered: Procedure/service not cover Non Covered: Procedure/service not co	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 	Retire effective 12/31/2020
53 54 55 55 55 55 55 55 55 55 55 55 55 56 66 6	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec Doc pt reas not rec hcv srn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 54 55 55 55 55 55 55 55 55 55 55 55 55	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc pt reas not rec chcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 	Retire effective 12/31/2020
53 55 55 55 55 55 55 55 55 60 61 64 65 66 66 66 67 68 88 88 88 88 88 88 88 88 88 88 88 88	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec Doc pt reas not rec hcv srn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 55 55 55 55 55 55 55 55 55 55 55 55 5	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc pt reas not rec chcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 55 55 55 57 55 55 55 55 60 61 64 65 66 66 67 68 88 88 88 88 88 88 88 88 88 88 88 88	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-scc/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 1 high risk med ord 2 same hi-rsk med ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med ord Off assis eol Recd scm hcv infec Doc med rsn no hcv scm Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap Ini phq9>9 remiss <5	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 55 55 55 57 58 59 60 61 64 65 66 67 68 80 82 83 84 88 88 88 88 90 90 93 94 95	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Ungln rup post cap No ungln rup post cap Ini phq3-9 remiss <5 Dx bipol death nhres hosp	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 54 55 56 57 58 59 60 61 64 65 66 67 68 88 88 88 88 88 88 88 88 89 90 93 94 95 96	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap Ini phq9-9 moremiss >=5 Ini phq9-9 no remiss >=5	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - 12/31/2020	Retire effective 12/31/2020
53 54 55 56 57 58 59 60 61 64 65 66 66 66 67 68 88 88 88 88 88 88 88 88 89 90 93 99 94 95 99	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Parly ind/delivery Pp eval/edu perf Pp eval/edu not perf No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord >> 2 same hi-rsk med ord Off assis eol iss No off assis eol Scrn hcv infec Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap No unpln rup post cap Ini phq9-9 nore	Non Covered: Procedure/service not cover Non Covered: Procedure/service not co	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 55 57 58 59 60 61 64 65 66 66 66 66 66 66 68 80 82 83 88 88 88 88 88 88 99 90 93 94 95 99 90 90 90 90 90 90 90 90	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-scc/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 2 same hi-rsk med ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap No unpln rup post cap No unpln rup post cap No unpln rup post cap Ini phq9 >9 nor emiss >=5 Ini phq9 >9 nor emiss >=5 Doc disc tx choices Doc creas no disc tx opt	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 55 55 57 58 59 60 61 64 65 66 66 66 66 68 80 88 88 88 88 88 88 89 90 93 99 99 99 99 99 99 90 00 00	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 2 same hi-rsk med ord 2 = 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap Ini phq9 >9 remiss >5 Dx bipol death nhres hosp Ini phq9 >9 not assess Doc disc tx choices	Non Covered: Procedure/service not cover Non Covered: Procedure/service not co	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 55 57 58 59 60 61 64 66 67 68 80 82 88 83 84 85 86 89 90 93 94 95 96 99 90 00 01 02	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec Doc med rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap Ini phq9 >9 nor emiss >=5 Ini phq9 >9 not assess Doc disc tx choices Recd f/u w/in 30d disch	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 56 57 58 59 60 61 64 65 66 67 68 80 82 83 84 85 88 89 90 93 94 95 96 97 99 90 00 00 00 00 00 00 00 00	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk ned ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec Doc red rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap Ini phq9 >9 remiss <5 Dx bipol death nhres hosp Ini phq9 >9 not assess Doc disc tx choices Recd f/u w/in 30d disch Doc reas no 30 day f/u	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 56 57 58 59 60 61 66 66 66 66 66 82 83 84 85 88 89 90 93 94 95 96 99 90 01 02 03 04	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk med ord >= 2 same hi-rsk med ord >= 2 same hi-rsk med not ord Off assis eol Recd scrn hcv infec Doc ned rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap No unpln rup post cap Ini phq9-9 no remiss >=5 Ini phq9-9 not assess Doc disc tx choices Recd f/u w/in 30d disch Doc reas no 3d ay f/u No 30 day f/u	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020
53 54 55 56 57 58 59 60 61 64 65 66 66 67 68 80 82 83 84 89 90 93 94 95 96 99 99 90 00 00 00 00 00 00 00	Medrsn >1 sinus ct w 90d dx 1 or no ct sinus w/in 90d dx No early ind/delivery Early ind/delivery Pp eval/edu perf Pp eval/edu not perf Neg mgd pos tb notact No doc of neg or man pos tb Doc rsn elect c-sec/induct Sinus caus bac inx 1 high risk med ord 1 high risk ned ord 1 high risk no ord >= 2 same hi-rsk med not ord Off assis eol iss No off assis eol Recd scrn hcv infec Doc red rsn no hcv scrn Doc pt reas not rec hcv srn Scrn hcv infec not recd Unpln rup post cap Ini phq9 >9 remiss <5 Dx bipol death nhres hosp Ini phq9 >9 not assess Doc disc tx choices Recd f/u w/in 30d disch Doc reas no 30 day f/u	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cove	red by the Plan. red by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 - - - - - - - - - - 12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020

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 G9416	No 1dose meni vac btwn 11&13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
	Pt 1 tdap betw 10-13 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G9417 G9418	Pt not 1 tdap betw 10-13 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9418 G9419	Lungcx bx rpt docs class Med reas not incl histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9419 G9420	Spec site no lung	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G9420 G9421	Lung cx bx rpt no doc class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9421 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 injec 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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	<u>_</u>	_	– Moved to MP Criteria from Non Co
<mark>G9478</mark> G9479	Othe therapist at hospice Pharmacist at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	– Moved to MP Criteria from Non Co –
G9478 G9479 G9480	Othe therapist at hospice Pharmacist at hospice Admission to mccm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_ _ _ _	_ _ _ _	– Moved to MP Criteria from Non Co – –
G9478 G9479 G9480 G9481	Othe therapist at hospice Pharmacist at hospice Admission to mccm Remote E/M new pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	_ _ _ _	Moved to MP Criteria from Non Co _ _ _ _ _
G9478 G9479 G9480 G9481 G9482	Othe therapist at hospice Pharmacist at hospice Admission to mccm Remote E/M new pt 10mins Remote E/M new pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -	- - - -	— Moved to MP Criteria from Non Co — — — — — — — — — — — —
G9478 G9479 G9480 G9481 G9482 G9483	Othe therapist at hospice Pharmacist at hospice Admission to mccm Remote E/M new pt 10mins Remote E/M new pt 20mins Remote E/M new pt 30mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -	- - - - -	Moved to MP Criteria from Non Co _
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G9520	Refract not +/- 1.0 w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
69521	Er and ip hosp <2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9522	Er/ip hosp =/>2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9523	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
9524	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
9525	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
9526	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
9529	Minor blunt trauma w/head ct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9530	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
9531	Pt doc		-	-	
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9532	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
9533	Indic for head ct not valid	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9537	Doc sysm rsn img hd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9539	Intent pot remv time placemt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9540	Pt alive 3 mos post proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9541	Filter rem 3 mon plmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9542	Doc reass appr remo filt 3ms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9543	Doc 2x re-assess filt remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9544			-	-	
	No filt remov w/in 3mos plcm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9547	Cys ren les or adren	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9548	No f/u rec image study	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9549	Doc med rsn for f/u imag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
9550	Imag rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9551	Imag no les	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9552	Inc thyr node <1.0 in rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9553	Prior thyroid dise dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9554	Ct/cta/mri/a chst foll rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9555			-	-	-
	Doc med rsn for follup image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
9556	Ct/cta/mri/a no follup imag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
9557	Ct/cta/mri/a no thyr <1.0cm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9558	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
9559	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
9560	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
9561	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
9562	Foll-up eval q3mo opiod tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		Retired	Retired effective 12/31/2021
9563	No f/u eval q3mo opiod tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
9573	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
			-		
9574	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
9577	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
9578	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
9579	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
9580	Door to punc time <2hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9582	Door to punc time >2hr nrg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9583	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
9584	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
9585	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
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9593	Low pecarn ped head trauma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9594	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
9595	Doc shnt/tum/coag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9596	Ped pt hd ct ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9597	No low pecarn ped head traum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9598	Aor ane 5.5-5.9 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9599	Aor ane >=6.0 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9600	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
9601	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
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9602	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
9603	Pt surv improv bsline tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9604	Pt surv results not avail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
9605	Surv score no improv w/tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9606	Intraop cyst eval trac inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9607	Doc med rsn not perf cystosc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9608	Intraop cyst eval not done	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
9609	Doc order anti-plat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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9610	Doc md rsn no antipla	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9611	No doc order anti-plat rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
9612	Phodoc 2 mr cec Indmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9613	Doc post surg anatomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
9614	Photodoc < 2 cec Indmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9615	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
9616	Doc rsn no preop assmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
9617	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
9618	Doc scr uter mal or us/samp		-	12/31/2020	
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9620	No scr utr malig/us/samp rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9621	Scr unheal etoh w/counsel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
9622	No unheal etoh user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
9623	Doc med rsn no scr etoh use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
	Pt not scrn or no counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9624		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
	Pt bl srg 30 day pst srg		-	-	-
9625					
9625 9626	Med rsn no rpt baldder inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9625 9626 9627	Med rsn no rpt baldder inj Pt no bl srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9624 9625 9626 9627 9628 9629	Med rsn no rpt baldder inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-

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Non Covered: Procedure/service not covered by the Non Covered: Procedure/service not covered by the	 d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. d by the Plan. Not subject to pre-service review. 		- - - - - - - - - - - - - - - - - - -	 Retire effective 12/31/2020
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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.	_	_
59728	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.		– 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.	12,01,2020	neare enceare 12,01,2020
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		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	12/31/2020	Retire effective 12/31/2020
	App transpl lvg kidney donor		12/51/2020	Retire effective 12/51/2020
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 fllw 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</td <td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</td> <td>_</td> <td>_</td>	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 ret tob stat free	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-
G9792	Most ret 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
39798 39799	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
G9799 G9800	Pt id intol/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 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		by the Plan. Not subject to pre-service review.			
G9833	Transf pract aft init chemo		by the Plan. Not subject to pre-service review.		12/31/2020	– Retire effective 12/31/2020
G9834	Pt met dis at dx		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		by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9836	Rsn no trast given doc		by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9837	Trastuz not in 12 mos dx		by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9838	Pt met dis at dx		by the Plan. Not subject to pre-service review.	_	, , ,	
G9839	Anti-egfr mon anti ther		by the Plan. Not subject to pre-service review.	-	_	-
G9840	Gene testing performed		by the Plan. Not subject to pre-service review.		_	– PA not required
G9841	Gene testing not performed		by the Plan. Not subject to pre-service review.		_	PA not required
G9842	Pt met dis at dx		by the Plan. Not subject to pre-service review.	-	-	
G9843	Kras or nras gene mutation		by the Plan. Not subject to pre-service review.	-	-	
G9844	Pt no recd anti-egfr ther		by the Plan. Not subject to pre-service review.	-	-	
G9845	Pt recd anti-egfr ther		by the Plan. Not subject to pre-service review.	-	-	
G9846	Pt died from cancer		by the Plan. Not subject to pre-service review.	-	-	
G9847	Pt recd chemo last 14d life		by the Plan. Not subject to pre-service review.	_	_	
G9848	Pt no chemo last 14d life		by the Plan. Not subject to pre-service review.	_	_	
G9849	Pt died from cancer		by the Plan. Not subject to pre-service review.	_		– Retire effective 12/31/2020
G9850	1/more ed last 30d life	Non Covered: Procedure/service not covered	· · · · · · · · · · · · · · · · · · ·	_	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
G9851 G9852	1/no ed visit last 30d life Pt died from cancer	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	-		
G9851 G9852 G9853	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - -		
G9851 G9852 G9853 G9854	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	-	12/31/2020 _ _ _	Retire effective 12/31/2020 _ _ _
G9851 G9852 G9853 G9854 G9855	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - -	12/31/2020 - - - 12/31/2020	Retire effective 12/31/2020 - - - Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - -	12/31/2020 - - - 12/31/2020	Retire effective 12/31/2020 - - - Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9858	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt died from cancer	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9859 G9860	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9859 G9860 G9861	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt died from cancer Pt less 3d hospice Pt more than 3d hospice	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9860 G9861 G9862	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9860 G9861 G9862 G9868	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9860 G9861 G9862 G9868 G9869	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model 10-20min	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9860 G9861 G9862 G9868 G9868 G9869 G9870	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model 100min Next Gen ACO model 100min	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9850 G9860 G9861 G9862 G9868 G9869 G9869 G9869 G9870 G9873	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <00min Next Gen ACO model >20min 1 EM core session	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9857 G9857 G9858 G9859 G9860 G9861 G9862 G9868 G9869 G9869 G9870 G9873 G9874	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Dt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model 10-20min Next Gen ACO model 10-20min 1 EM core session 4 EM core sessions	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9857 G9858 G9857 G9858 G9850 G9860 G9860 G9861 G9862 G9869 G9869 G9870 G9873 G9875	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt less 3d hospice Dt rom cancer Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model >20min 1 EM core session 4 EM core sessions	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9855 G9856 G9857 G9858 G9860 G9861 G9862 G9868 G9869 G9869 G9870 G9873 G9874 G9875 G9876	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core sessions 2 EM core MS mo 7-9 no WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9855 G9855 G9857 G9852 G9860 G9862 G9862 G9862 G9862 G9868 G9869 G9870 G9873 G9874 G9875 G9876 G9877	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10min Next Gen ACO model <10min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core sessions 2 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-service review.		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9856 G9850 G9860 G9860 G9860 G9862 G9868 G9869 G9870 G9873 G9874 G9875 G9877 G9877	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt died from cancer Pt last 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <20min 1 EM core sessions 4 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 7-9 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9857 G9858 G9850 G9860 G9860 G9860 G9860 G9860 G9860 G9873 G9874 G9875 G9876 G9877 G9877 G9878 G9877	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt died from cancer Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model 10-20min Next Gen ACO model 10-20min 1 EM core session 4 EM core sessions 9 EM core sessions 2 EM core MS mo 10-9 no WL 2 EM core MS mo 10-12 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9855 G9850 G9850 G9860 G9860 G9861 G9862 G9868 G9869 G9873 G9874 G9875 G9875 G9876 G9877 G9876 G9877 G9878 G9877 G9878 G9879 G9878	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10min Next Gen ACO model <00min 1 EM core session 4 EM core sessions 9 EM core sessions 2 EM core MS mo 7-9 no WL 2 EM core MS mo 7-9 WL 2 EM core MS mo 10-12 noWL 2 EM core MS mo 10-12 WL EM 5 percent WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9856 G9857 G9860 G9861 G9861 G9862 G9863 G9863 G9869 G9870 G9874 G9875 G9874 G9875 G9876 G9877 G9878 G9877 G9878 G9877 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9878 G9879 G9879 G9878 G9879 G9879 G9879 G9879 G9879 G9879 G9879 G9879 G9879 G9879 G9879 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9877 G9878 G9877 G9877 G9877 G9877 G9877 G9878 G9877 G9878 G9877 G9878 G9877 G9878 G9877 G9877 G9878 G9877 G9878 G9879 G9877 G9879 G9779	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt enroll hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <00min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core sessions 2 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 WL EM 5 percent WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9855 G9859 G9859 G9860 G9860 G9860 G9862 G9869 G9869 G9870 G9873 G9874 G9875 G9876 G9876 G9876 G9877 G9878 G9877 G9878 G9877 G9878 G9879 G9888 G9881 G9882	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt died from cancer Pt tiss 3d hospice Dt more than 3d hospice Dc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10-20min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 7-9 no WL 2 EM core MS mo 7-9 WL 2 EM core MS mo 10-12 WL EM 5 percent WL EM 9 percent WL 2 EM ongoing MS mo 13-15 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9854 G9855 G9855 G9857 G9850 G9860 G9860 G9860 G9862 G9862 G9870 G9873 G9874 G9874 G9875 G9877 G9877 G9878 G9879 G9879 G9878 G9879 G9880 G9881 G9881	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt last 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <00min Next Gen ACO model <020min 1 EM core sessions 4 EM core sessions 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 NU 2 EM core MS mo 7-9 WL 2 EM core MS mo 10-12 VL EM 5 percent WL EM 9 percent WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 16-18 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9857 G9858 G9860 G9860 G9860 G9860 G9860 G9860 G9870 G9873 G9874 G9875 G9876 G9877 G9877 G9877 G9878 G9877 G9878 G9879 G9878 G9879 G9882 G9883 G9883 G9883	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt less 30 hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model 10-20min Next Gen ACO model 10-20min Next Gen ACO model 10-20min 1 EM core session 4 EM core sessions 9 EM core sessions 9 EM core sessions 2 EM core MS mo 7-9 no WL 2 EM core MS mo 19-9 no WL 2 EM core MS mo 10-12 NL EM 5 percent WL EM 9 percent WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 19-21 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9855 G9850 G9860 G9860 G9860 G9860 G9862 G9868 G9869 G9873 G9873 G9874 G9873 G9874 G9875 G9876 G9877 G9876 G9877 G9876 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9878 G9888 G9888 G9888 G9888 G9888	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt admit hospice Pt enroll hospice Pt died from cancer Pt less 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10min Next Gen ACO model <00min 1 EM core session 4 EM core sessions 9 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 WL EM 9 percent WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 16-18 WL 2 EM ongoing MS mo 19-21 WL 2 EM ongoing MS mo 19-21 WL 2 EM ongoing MS mo 19-21 WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9855 G9856 G9850 G9860 G9860 G9860 G9860 G9870 G9873 G9874 G9875 G9874 G9875 G9876 G9877 G9878 G9879 G9878 G9879 G9880 G9881 G9882 G9883 G9882 G9883 G9883 G9883 G9883 G9883 G9883 G9883	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life Pt died from cancer Pt died from cancer Pt no hospice Pt admit hospice Pt enroll hospice Pt more cancer Pt died from cancer Pt died from cancer Pt less 3d hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <00min	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9859 G9850 G9860 G9860 G9860 G9862 G9869 G9870 G9873 G9874 G9875 G9876 G9876 G9877 G9878 G9877 G9878 G9879 G9878 G9879 G9888 G9881 G9882 G9883 G9885 G985 G9	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt norel hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10-20min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 NUL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 12-21 WL EM Spercent WL EM Spercent WL EM Spercent WL 2 EM ongoing MS mo 22-24 WL EM Spercent WL EM Spercent WL	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
G9851 G9852 G9853 G9855 G9855 G9855 G9857 G9859 G9860 G9860 G9860 G9860 G9870 G9870 G9874 G9877 G9877 G9877 G9877 G9878 G9879 G9879 G9879 G9878 G9879 G9880 G9882 G9883 G9884 G9883 G9884 G9885 G9889 G9881 G9882	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model < 100min Next Gen ACO model < 20min 1 EM core sessions 4 EM core sessions 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 NU 2 EM core MS mo 10-12 NU 2 EM core MS mo 10-12 VL EM 9 percent WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 19-21 WL 3 EM end end end max exam	Non Covered: Procedure/service not covered Non Covered: Procedure/service not covered	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
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G9851 G9852 G9853 G9854 G9855 G9856 G9857 G9858 G9859 G9860 G9852 G9860 G9861 G9862 G9863 G9864 G9873 G9874 G9875 G9876 G9877 G9878 G9879 G9880 G9881 G9882 G9883 G9884 G9883 G9883 </td <td>1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt norel hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10-20min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 NUL 2 EM core MS mo 10-12 NUL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-22 WL EM Spercent WL EM Spercent WL EM Spercent WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-22 WL 2 EM ongoing MS mo 13-22 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-15 WL 3 EM ongoing MS mo 13-15 WL 4 M red pertent WL 5 M ongoing MS mo 13-15 WL 5 M ond MS mo 13-15 WL 5 M ongoing MS mo 1</td> <td>Non Covered: Procedure/service not covered Non Covered: Procedure/se</td> <td>by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi</td> <td></td> <td>12/31/2020 - - 12/31/2020 12/31/2020</td> <td>Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020</td>	1/no ed visit last 30d life Pt died from cancer Icu stay last 30d life No icu stay last 30d life Pt died from cancer Pt no hospice Pt admit hospice Pt admit hospice Pt died from cancer Pt norel hospice Pt more than 3d hospice Doc rsn no 10 yr follow Next Gen ACO model <10min Next Gen ACO model <10-20min Next Gen ACO model >20min 1 EM core session 4 EM core sessions 9 EM core MS mo 7-9 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 no WL 2 EM core MS mo 10-12 NUL 2 EM core MS mo 10-12 NUL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-15 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-22 WL EM Spercent WL EM Spercent WL EM Spercent WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-22 WL 2 EM ongoing MS mo 13-22 WL 2 EM ongoing MS mo 13-21 WL 2 EM ongoing MS mo 13-15 WL 3 EM ongoing MS mo 13-15 WL 4 M red pertent WL 5 M ongoing MS mo 13-15 WL 5 M ond MS mo 13-15 WL 5 M ongoing MS mo 1	Non Covered: Procedure/service not covered Non Covered: Procedure/se	by the Plan. Not subject to pre-service review. by the Plan. Not subject to pre-servi		12/31/2020 - - 12/31/2020 12/31/2020	Retire effective 12/31/2020 - - Retire effective 12/31/2020 Retire effective 12/31/2020
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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.			
39906	Pt recv 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.	-		
			-	-	_
39908	No pt tbco cess interv rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
59909	Doc med rsn no tbco interv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
59910	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
59911	Node neg pre/post syst ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
59912	Hbv status assesed and int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
59913	No hbv status assesd and int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
				-	
59914	Pt receiving anti-tnf agent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
59915	No documntd hbv results rcd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
59916	Funct status past 12 months	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
59917	Adv dem crgvr limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9918	No funct stat perf rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9919	Scrn nd pos nd prov of rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9920		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Scrning perf and negative			-	_
9921	No or part scrn nd rng or os	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
59922	Sfty cncrns scrn nd mit recs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
9923	Safty cncrns scrn and neg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9924	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
9925	No scrn prov rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
			-	-	-
9926	Sfty cncrns scrn but no recs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
9927	Doc no warf /fda pt trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
9928	No warf or fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9929	Trs/rev af	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9930	Com care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9931	No chad or chad scr 0 or 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
			-	-	-
9932	Doc pt rsn no tb scrn recrds	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
9933	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
9934	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
9935	Canc not detectd during srcn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
9936	Pmh plyp/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
9937	Dig or surv colsco	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
9938	-			12,01,2020	110110 01100110 12,01,2020
	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
9939	Same path/derm perf biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9940	Doc reas no statin therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
9942	Adtl spine proc on same date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9943	Bk pn nt msr vas scl pre/pst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9945	Pt w/cancer scoliosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
				-	
9946	Bk pain no vas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
9948	Adtl spine proc on same date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
9949	Leg pain no vas				-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
9954	Pt >2 rsk fac post-op vomit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
				_	_
9955	Pt >2 rsk fac post-op vomit InhInt anesth only for induc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
9955 9957	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_ _ _ _	
9955 9957 9958	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy No combo prohpyl thrp for pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -	-	
9955 9957 9958	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -	- - - - -	- - - -
9955 9957 9958 9959	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy No combo prohpyl thrp for pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - -	- - - - - - - - - - - -	- - - -
9955 9957 9958 9959 9960	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy No combo prohpyl thrp for pt Systemic antimicro not presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - -	- - - - - - - - -	
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9955 9958 9959 9959 9960 9960 9960 9966 9966 9966	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy No combo prohpyl thrp for pt Systemic antimicro not presc Med rsn sys antimi nt rx Systemic antimicro presc Embolization doc separatty Embolization not doc separat Pt recv >=1 well-chld visit No well-chld visit ev by pt Scrn inter report child No scrn inter report child Pt refrd 2 pvdr/spdst in pp Pvdr rfrd pt npt revd Pvdr rfrd pt no rpt revd Mac exam perf Doc med rsn no dil mac exam Doc pat rsn no mac exm perf Dil mac exam no perf rsn nos Remote E/M new pt 30 mins Remote E/M new pt 45 mins Remote E/M new pt 60 mins Remote E/M est. pt 10 mins Remote E/M est. pt 25 mins Remote E/M est. pt 40 mins Pall Serv During Meas Med Rsn No Pneum Vax No Pneum Vax Admin 60+ Pneum Vax Admin 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered b	1/1/2022 1/1/2022 1/1/2022		Retire effective 12/31/2020
9955 9958 9959 9960 9960 9960 9960 9966 9966 9966	Pt >2 rsk fac post-op vomit InhInt anesth only for induc Doc med rsn no combo thrpy No combo prohpyl thrp for pt Systemic antimicro not presc Med rsn sys antimi nt rx Systemic antimicro presc Embolization doc separatly Embolization not doc separat Pt recv >1 well-chld visit No well-chld vist recv by pt Scrn inter report child No scrn inter report child No scrn inter report child Pt reft 2 pvdr/spclst in pp Pvdr rft dp t nor prt rcvd Mac exam perf Doc med rsn no dil mac exam Doc pat rsn no mac exm perf Dil mac exam no perf rsn nos Remote E/M new pt 30 mins Remote E/M new pt 45 mins Remote E/M new pt 45 mins Remote E/M est, pt 15 mins Remote E/M est, pt 15 mins Remote E/M est, pt 15 mins Remote E/M est, pt 25 mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered b	1/1/2022 1/1/2022		Retire effective 12/31/2020

C0005	Dell Care During Mana	New Course d. Decendury (see the end and by the Disc. Net subject to any continue section.	1/1/2022		
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 G9997	Doc Pt Pal Or Hospice Doc Pt Preg Dur Msrmt Pd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022 1/1/2022	-	Add effective 01/01/2022 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 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
	· · · · · · · · · · · · · · · · · · ·		1/1/2022	-	
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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
J0178	Aflibercept injection	post-service review.	-	-	-
J0179	Inj brolucizumab-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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J0275	Alprostadil urethral suppos	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J0593	Inj. lanadelumab-flyo 1 mg	post-service review.	-	-	-
J0598	C-1 esterase cinryze	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J0599	Inj. haegarda 10 units	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	_		
J0896	Inj Luspatercept-Aamt 0.25Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- n 08/01/2021	- 10/10/2021	- Moved to PA code list
10890		אר כחובות. דוטבטעובן גבואוב ובאופאינע מצמווגי איבערמי דטונץ כחובות. געשוות זה איבערביותוחמנטר נס מיטע	00/01/2021	10/10/2021	
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	_	_	-
J1096	Dexametha opth insert 0.1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid next-service review.	_	_	_
J1290	Ecallantide injection	post-service review. 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	10/1/2021		Add effective 10/01/2021
J1306	Injection Inclisiran 1 Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Add effective 07/01/2022
J1322	Elosulfase alfa injection	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J1426	Injection Casimersen 10 Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	-	Add effective 10/01/2021
J1427	Injection, viltolarsen, 10 mg	post-service review.	4/1/2021	-	Add effective 04/01/2021
J1428	Inj eteplirsen 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J1429	Inj golodirsen 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	lnj. xembify 100 mg	Bit507	10/1/2022		
J1558	lnj. 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 immuneglobulin	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	11/30/2022	Retire effective 11/30/2022
J1599	lvig 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 avoi	d	_	_
J1627	Inj granisetron xr 0.1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
J1628	Inj. guselkumab 1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoi			
	, <u></u>	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 capoat 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			
J1930	Lanreotide injection	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
J1931	Laronidase injection	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J1931	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	7/1/2021	_	Add effective 07/01/2021
J1952	Leuprolide Inj Camcevi 1Mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
J2182	Injection mepolizumab 1mg	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J2356	Inj Tezepelumab-Ekko 1Mg	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			
<u> </u>	·	post-service review.	-	-	-
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
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J2502	Inj pasireotide long acting	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - 10/1/2021	- - 12/31/2021	Retired effective 12/31/2021
<mark>J2502</mark> J2503	Inj pasireotide long acting Pegaptanib sodium injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - 10/1/2021 1/1/2022	- - 12/31/2021	Retired effective 12/31/2021 Add effective 01/01/2022
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	Treprostinil injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
3299	Inj Xipere 1 Mg	post-service review.	7/1/2022	-	Add effective 07/01/2022
3301	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
315	Triptorelin pamoate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
3316	Inj. triptorelin xr 3.75 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
3355	Urofollitropin 75 iu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
3358	Ustekinumab iv inject 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
3380	Injection vedolizumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
3385	Velaglucerase alfa	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
3396	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
3397	Inj. vestronidase alfa-vjbk	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
3399	Inj onase abepar-xioi treat	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
5599	nij onase abepar-xioi treat	wir Chtena. Procedure/service in this code group may require Phor Authorization per contract agreement.	-	-	-
3490	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.	-	-	-
3520	Edetate disodium per 150 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
3570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
3590	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.	_	_	
3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-
	Esrd on dialysi drug/bio noc Inj. fibryga 1 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
'177	lnj. fibryga 1 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
'177 '178	Inj. fibryga 1 mg Inj human fibrinogen con nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- -	-	-
7177 7178 7192	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - -	-	- - - -
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2177 2178 2192 2195	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - -	-	- - - - - -
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2177 2178 2192 2195 2199 2308 2309	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	-	
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 7177 7178 7192 7195 7199 7308 7309 7311 7312 	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service rot specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - -	-	
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1177 1178 1192 1195 1199 308 309 311 312 313 314	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg Dexamethasone intra implant Inj. iluvien 0.01 mg Inj. yutiq 0.01 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			
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<pre>/177 /178 /192 /195 /195 /199 /308 /309 /311 /312 /313 /314 /316</pre>	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg Dexamethasone intra implant Inj. iluvien 0.01 mg Inj. yutiq 0.01 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service rot specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Polic			
1177 1178 1192 1195 1199 1308 1309 1311 1312 1313 1314 1316 1318	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg Dexamethasone intra implant Inj. iluvien 0.01 mg Inj. yutiq 0.01 mg Inj ocriplasmin 0.125 mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service rot specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy C			
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7177 7177 7178 7192 7195 7199 7308 7309 7311 7312 7313 7314 7316 7320 7321	Inj. fibryga 1 mg Inj. human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg Dexamethasone intra implant Inj. iuvien 0.01 mg Inj. vutiq 0.01 mg Inj ocriplasmin 0.125 mg Inj durolane 1 mg Genvisc 850 inj 1mg Hyaluronan Or Derivative Hyalgan Or Supartz	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service revi			
33591 7177 7178 7195 7195 7309 7309 7309 7309 7311 7312 7313 7314 7314 7314 7316 7318 7314 7318 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7313 7312 7322 732	Inj. fibryga 1 mg Inj human fibrinogen con nos Factor viii recombinant NOS Factor ix recombinant nos Hemophilia clot factor noc Aminolevulinic acid hcl top Methyl aminolevulinate top Inj. retisert 0.01 mg Dexamethasone intra implant Inj. vutiq 0.01 mg Inj ocriplasmin 0.125 mg Inj durolane 1 mg Genvisc 850 inj 1mg Hyaluronan Or Derivative Hyalgan Or Supartz For Intra-Articular Injection Per Dose	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service rot specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Polic			

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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
J7328	Gel-syn injection 0.1 mg	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J7331	Synojoynt inj. 1 mg	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	_	Retired	Retire effective 03/31/2021
J7340	Carbidopa levodopa ent 100ml	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J7345	Aminolevulinic acid 10% gel	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J7401	Mometasone furoate sinus imp	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 J7609	Levalbuterol comp con Albuterol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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 J7624	Beclomethasone comp unit Betamethasone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
J7624 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 J7632	Bitolterol mesylate comp unt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
J7632 J7634	Cromolyn sodium comp unit Budesonide comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
J7635	Atropine comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J7636 J7637	Atropine comp unit Dexamethasone comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
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 J7642	Flunisolide comp unit Glycopyrrolate comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
J7642 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 J7650	Isoetharine comp con Isoetharine comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
J7650 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 J7670	Metaproterenol comp con Metaproterenol comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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 J7683	Terbutaline sulf comp unit Triamcinolone comp con	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
J7683 J7684	Triamcinolone comp con Triamcinolone comp unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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.	-	-	-
18999	Oral prescription drug chemo	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J9020	Asparaginase NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
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 mafodontin-blmf, 0.5 n	ny MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid p 4	4/1/2021	10/10/2021	Moved to PA code list
19039	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-Izsg 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 injeciton	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	10/1/2021	_	Add effective 10/01/2021
J9262	Inj omacetaxine mep 0.01mg	post-service review. 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	2 _	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 nivol relatlimab 3mg/1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. 10/1/2022	2 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 hyalı	I 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.	_	_
19600	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.

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кооо2	Stnd hemi (low seat) whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
коооз	Lightweight wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
К0004	High strength Itwt whichr	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.	-	_	-
к0006	Heavy duty wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
к0007	Extra heavy duty wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
кооов	Cstm manual wheelchair/base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		-
коооэ	Other manual wheelchair/base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
к0010	Stnd wt frame power whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		-
к0011	Stnd wt pwr whichr w control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		_
к0012	Ltwt portbl power whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
к0013	Custom power whichr base	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		 _
к0014	Other power whichr base	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
к0046	Elev Igrst Iwr exten repl ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
коо47	Elev legrst upr hangr rep ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
коочл	Cam rel asm ft/legrst rep ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
K0051	Elevate footrest articulate	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
K0056 K0065	Seat ht <17 or >=21 ltwt wc Spoke protectors	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
коото	Rear whl compl pneum tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
к0071	Fr cstr comp pne tire rep ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid protocol and produce and prod	_		 _
к0072	Fr cstr semi-pne tire rep ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		_
к0108	W/c component-accessory NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_		-
к0195	Elevating whichair leg rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
к0455	Pump uninterrupted infusion	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_		_
к0462	Temporary replacement eqpmnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
к0669	Seat/back cus no dmepdac ver	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
к0743		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
	On Wounds Absorptive Wound Dressing For Use With	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
К0744	Suction Pump Home Model Portable Pad Size 16 Square Inches Or Less	post-service review.	-	-	-
к0745	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
K0745	Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	post-service review.	-	-	-
к0746	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
	Size Greater Than 48 Square Inches	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
к0800	POV group 1 std up to 300lbs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
к0801	POV group 1 hd 301-450 lbs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
K0802	POV group 1 vhd 451-600 lbs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
K0806	POV group 2 std up to 300lbs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		-
к0807	POV group 2 hd 301-450 lbs	post-service review. MP Criteria: Procedure/service reviewed against medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		 -
к0808	POV group 2 vhd 451-600 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		-
К0812	Power operated vehicle NOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

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Number of the decision production interview product	K0828	PWC gp 2 xtra hd seat/back	post-service review. – – –	-
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к0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
к0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		
к0885	PWC gp4 std mult pow opt cap	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0886	PWC gp4 hd mult pow s/b	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
к0890	PWC gp5 ped sing pow opt s/b	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
КО891	PWC gp5 ped mult pow opt s/b	post-service review.	-	-	-
к0898	Power wheelchair NOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
к0899	Pow mobil dev no dmepdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0900	Cstm dme other than wheelchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
к1001	Electronic posa treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
К1002	Ces system w/supplies access	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
К1003	Whirlpool tub walkin portabl	Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
к1004	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.	-	-	-
к1006	Suct pum ext urine mgmt sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
к1007	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	_	-
к1007	Bil hkaf pc s/d micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	2/28/2021	Retired
к1009	Speech volume modulation sys	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	3/1/2021		
к1009	Speech volume modulation sys	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-, -,	2/28/2021	 Retired
		post-service review.	-	2/28/2021	
к1013	Enema tube, any type, replacement only, each Addition, endoskeletal knee-shin system, 4	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	-	Add effective 04/01/2021
К1014	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
К1016	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
К1017	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
к1018		EU: 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
к1018		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021	8/14/2021	Retire effective 08/14/2021
к1019	Monthly supplies for use of device coded at	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021	_	Add effective 08/15/2021
к1019		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021	8/14/2021	Retire effective 08/14/2021
K1020	k1018 Non-invasive vagus nerve stimulator	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021		Add effective 04/01/2021
	Exsufflation Belt Includes All Supplies And	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
K1021	Accessories Addition To Lower Extremity Prosthesis	post-service review.	10/1/2021	-	Add effective 10/01/2021
К1022	Endoskeletal Knee Disarticulation Above Knee Hip Disarticulation Positional Rotation	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	Unit Any Type Trans Elec Nerv Periph Nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022		Add effective 04/15/2022
к1023	Trans Elec Nerv Periph Nerv	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	- 4/14/2022	Add effective 10/01/2021; Retire
	· · ·	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			effective 04/14/2022
К1024	Non Pneum Comp Control Cal	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
К1024	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
к1025	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
к1025	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
К1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated	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	Includes Fitting And Adjustment Control Unit Neuromuscul Osa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2022		Add effective 04/01/2022
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2022	-	
K1029	Oral Dv/App Neuromus Mouthpi	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Add effective 04/01/2022
K1030	Ext Recharge Bat Replacement	post-service review.	4/1/2022	-	Add effective 04/01/2022
K1031 K1032	Non pneu comp control w/o ca Non pneum seq comp full leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Websit EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Websit		-	Added to list Added to list
К1033	Non pneum seq comp half leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Websit	e 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.	-	-	-

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	L1860	Ko supracondylar socket mold		_	_	_
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3130 Shee hybe optioning dev Non Covered Procedury/arrive and covered by the Plan. Not subject to pre-arrive review.	L3140					_
3130 Porty pixel bit bit pro end Non Covered Procedury/provide motion with pixel pixel program exercise.	L3150	Abduct rotation bar w/o shoe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
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3207 Mighting w/ usgof privatory into Non Genered: Proceeding resonance network.	L3204			_	_	_
1312 Bensch boor pair dill Not Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. Image: Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. 1314 Bensch boor pair dill Not Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. Image: Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. 1315 Othoped ladies show falls Not Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. Image: Covered: Procedure/jervice not covered by Pal. Not subject to pre-service review. 1319 Othoped covers shows onford Not Covered: Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. 1319 Othoped covers shows onford Not Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. 1323 Custom shows dept hindy Not Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review. Image: Covered Procedure/jervice not covered by the Pal. Not subject to pre-service review.				_	_	_
1214 Benech bod pair junior Non Covered? Procedury/service not covered by the Plan. Not subject to pre-service review.	L3212			-	_	_
1315 Orthopedic Inwarializes and Non Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review. Image: Covered: Procedury/service not covered by the Plan. Net subject to pre-service review.	L3213			_	_	_
1216 Orthoped ladies shows dight 1 Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				-	_	_
1319 Othopedic mens shoes adord Non Covered Procedure/service not covered by the Plan. Not subject to pre-service review.	L3215					_
13212 Orthopedic mens shores 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.	-	-	_
13222 Mens shoes highing depth inl Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3219			_	_	_
1230 Custom shoes depth inlay Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.						
3131 Shee molded palstaces Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3230			-		_
31322 Shee molded plastate cust Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				_	_	_
3323 Shee molded plastatote cust Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3251			-	-	-
13254 Orth foot non-standard size/w Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3252 L3253			-	-	-
1237 Orth foot add charge splits Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3254			-	-	-
13255 Plastazote sandal each Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3255			-	-	_
Sho lift taper to metatarsal Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				-	-	_
1310 Shoe lift elev heel/sole neo Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3205			_	_	_
Lifts elevation metal extens 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.	_	_	_
1332 Shoe lifts tapered to one-ha Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3320			-	-	-
1334Shoe lifts elevation heel /iNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review				-	-	-
13340Shoe wedge sachNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	L3334	· · · · · · · · · · · · · · · · · · ·		-		-
13360Shoe sole wedge outside soleNon Covered: Procedure/service not covered by the Plan. Not subject to pre-service review	L3340		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
13370 Shoe sole wedge between sole Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3350			-	-	-
1330 Shoe clubfoot wedge Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3360 L3370			-	-	-
13400 Shoe metatarsal bar wedge ro Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3380			-		
L3410 Shoe metatarsal bar between Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3390			_	_	_
L3420 Full sole/heel wedge btween Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3400			-	-	-
13430 Sho heel count plast reinfor Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3410 L3420			-	-	_
13450 Shoe heel sach cushion type Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3430				_	
L3455 Shoe heal new leather standa Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3440			-	_	_
L3460 Shoe heel new rubber standar Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	L3450			-	-	-
	L3455 L3460			-	_	-
	L3465			_	_	_

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 L3550	Ortho shoe add full sole O shoe add standard toe tap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
L3550	O shoe add horseshoe toe tap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		-
L3500	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.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L5610	Above knee hydracadence	post-service review.	-	-	_
L5611	Ak 4 bar link w/frie swing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12011	Ak 4 bar link w/fric swing	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5614	4-bar link above knee w/swng	post-service review.	-	-	-
L5616	Ak univ multiplex sys frict	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12010	Ak univ multiplex sys met	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5624	Test socket above knee	post-service review.	-	-	-
L5629	Below knee acrylic socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
15025	below kilee delyne socket	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.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5638	Below knee leather socket	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.	_	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5642	Above knee leather socket	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
L5645	Bk flex inner socket ext fra	post-service review.	-	-	-
LEGAG	Rolow know suchion coskat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5646	Below knee cushion socket	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5648	Above knee cushion socket	post-service review.	-	-	-
L5651	Ak flex inner socket ext fra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
15051	AK HEA HIHEI SOCKET EAT H'A	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5670	Bk molded supracondylar susp	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.	_	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5673	Socket insert w lock mech	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.	_	-	-
	•				
15700	· · ·	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L5706	Custom shape cvr knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
	Custom shape cvr knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L5706 L5714	· · ·	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
	Custom shape cvr knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	 	-	-
L5714 L5722	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	-	-
L5714	Custom shape cvr knee disart Knee-shin exo variable frict	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	-	- - -
L5714 L5722 L5724	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	-	- - -
L5714 L5722	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	-	- - - -
L5714 L5722 L5724	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - -		- - - - -
L5714 L5722 L5724 L5726 L5728	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph Knee-shin ext jnts fld swg e Knee-shin fluid swg & stance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -		- - - - -
L5714 L5722 L5724 L5726	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph Knee-shin ext jnts fld swg e	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - -	- - - - - -
L5714 L5722 L5724 L5726 L5728	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph Knee-shin ext jnts fld swg e Knee-shin fluid swg & stance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - -	- - - - -	- - - - - - -
L5714 L5722 L5724 L5726 L5728 L5728	Custom shape cvr knee disart Knee-shin exo variable frict Knee-shin pneum swg frct exo Knee-shin exo fluid swing ph Knee-shin ext jnts fld swg e Knee-shin fluid swg & stance Knee-shin pneum/hydra pneum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - -	- - - - - - -	- - - - - - - - - -

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 hydral swg ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5816	Endo knee-shin polyc mch sta	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5818	Endo knee-shin frct swg & st	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
L5830	Endo knee-shin pneum/swg pha	post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5840		post-service review. – – – – – – – – – – – – – – – – – – –
	Multi-axial knee/shin system	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5848	Knee-shin sys hydraul stance	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
L5961	Endo poly hip pneu/hyd/rot	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5962	Below knee flex cover system	post-service review. – – – – – – – – – – – – – – – – – – –
<u> </u>	· · · · · · · · · · · · · · · · · · ·	post-service review. – – – – – – – – – – – – – – – – – – –
L5964	Above knee flex cover system	post-service review. – – – – – – – – – – – – – – – – – – –
L5966	Hip flexible cover system	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
L5976	Energy storing foot	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5978	Ft prosth multiaxial ankl/ft	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5979	Multi-axial ankle/ft prosth	post-service review. – – – – – – – – – – – – – – – – – – –
		post-service review. – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5980	Flex foot system	post-service review. – – – – – – – – – – – – – – – – – – –
L5981	Flex-walk sys low ext prosth	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
L5987	Shank ft w vert load pylon	post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L5999	Lowr extremity prosthes NOS	post-service review. – – – – – – – – – – – – – – – – – – Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L6026	Part hand myo exclu term dev	post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L6611	Additional switch ext power	post-service review.
L6621	Flex/ext wrist w/wo friction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L6646	Multipo locking shoulder jnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L6648	Ext pwrd 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	Any Grasp Pattern Or Combination Of Grasp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – –
L6881	Patterns Includes Motor(S) Term dev auto grasp feature	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L6882	Microprocessor control uplmb	post-service review.
L6883	Replc sockt below e/w disa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid

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	_	_	_
L6920	Wrist disarticul switch ctrl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L6925	Wrist disart myoelectronic c	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L6930	Below elbow switch control	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	_	_	_
L6955	Above elbow myoelectronic ct	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L6960	Shldr disartic switch contro	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L6965	Shldr disartic myoelectronic	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			
L7009	Adult electric hook	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7040	Prehensile actuator	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7045	Pediatric electric hook	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	_	_	_
L7185	Electron elbow adolescent sw	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L7186	Electron elbow child switch	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7190	Elbow adolescent myoelectron	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7191	Elbow child myoelectronic ct	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7366	Battery chrgr 12 volt utah/e	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7367	Replacemnt lithium ionbatter	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L7368	Lithium ion battery charger	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	post-service review. 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.	-	-	-
<u> </u>			-	_	_
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L8600	Implant breast silicone/eq	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	EU: 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	_		
L8608	Arg ii ext com/sup/acc misc	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L8609	Artificial cornea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
L8612	Aqueous shunt prosthesis	post-service review.	-	-	-

		MD Criteria: Breedure (conice reviewed against Medical Policy Criteria: Submit for producermination to avaid			
8613	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
3614	Cochlear device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
3615	Coch implant headset replace	post-service review.	-	-	-
8616	Coch implant microphone repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
3617	Coch implant trans coil repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
5017		post-service review.	-	-	-
8618	Coch implant tran cable repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
8619	Coch imp ext proc/contr rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
8621	Repl zinc air battery	post-service review.	-	-	-
8622	Repl alkaline battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0600		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
8623	Lith ion batt CID non-earlvl	post-service review.	-	-	-
8624	Lith ion batt cid ear level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
8625	Charger coch impl/aoi battry	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
5025		post-service review.	-	-	-
3627	CID ext speech process repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
3628	CID ext controller repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
8629	CID transmit coil and cable	post-service review.		-	-
3679	Imp neurosti pls gn any type	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-
3680	Implt neurostim elctr each	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	_
3681	Pt prgrm for implt neurostim	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-
3682 3683	Implt neurostim radiofq rec Radiofq trsmtr for implt neu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
	· · · · · · · · · · · · · · · · · · ·	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
3684	Radiof trsmtr implt scrl neu	post-service review.	-	-	-
685	Implt nrostm pls gen sng rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
686	Implt nrostm pls gen sng non	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
687	Implt prostm pls gen dua pop	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
688 689	Implt nrostm pls gen dua non External recharg sys intern	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
8690	Aud osseo dev int/ext comp	post-service review.	-	-	-
3691	Aoi snd proc repl excl actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
8692	Non-osseointegrated snd proc	post-service review.	-	-	-
3693	Aud osseo dev abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
3694	Aoi transducer/actuator repl	post-service review.	-	-	-
3695	External recharg sys extern	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
3698	Misc used with tot art heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
3699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
3701	Ewh s/d uprt micro sensor	post-service review.	-	-	-
3702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
10075	Cellular therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2023		Add effective 01/01/2023
	полониру	Website Coding and Compensation Non-reimbursable EIU policy.	112025	-	
0076	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
0300	IV chelationtherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
0301 1003	Fabric wrapping of aneurysm Tb scr 12 mo pri fst bio dz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
1003	Doc med rsn no srn tb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
1004	Tb scr no perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
1006	Dz not ases no rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1007	>=50% total pt outpt ra enct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L008	<50% total pt outpt ra encts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1009	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
1010	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
1011 1012	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Dc eoc doc med rec Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Dc epi care doc medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
1014	Dc eoc doc med rec	Non covered. Frocedure/service not covered by the Flan. Not subject to pre-service review.			
1014 1015	Dc eoc doc med rec Pt dx meop or sur steri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
1014 1015 1016 1017			-		
11013 11014 11015 11016 11017 11018	Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -	-	_ _ _
11014 11015 11016 11017	Pt dx meop or sur steri Pt admt to palitve serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - -

V1022	Pt hospice during perf pd	Non Covered: Procedure/service not covered by the Plan). Not subject to pre-service review.		Retired	Retired effective 12/31/2021
V11022	Adl pt mj dep ds rs 6 phq<5	Non Covered: Procedure/service not covered by the Plan		-	12/31/2020	Retire effective 12/31/2020
V1023	Adl pt mj dep ds no rs 6 mo	Non Covered: Procedure/service not covered by the Plan		-	12/31/2020	Retire effective 12/31/2020
V1025	Pt hospice during perf pd	Non Covered: Procedure/service not covered by the Plan		-	Retired	Retired effective 12/31/2021
/1026	Pt hospice during peri pd	Non Covered: Procedure/service not covered by the Plan		-	Retired	Retired effective 12/31/2021
v1027	Img head (ct or mri) obtnd	Non Covered: Procedure/service not covered by the Plan	· · ·	-	nethed	
v1028	Doc of pt prm hda dx and otr	Non Covered: Procedure/service not covered by the Plan		-	-	
M1020	Doc sysm rsn img hd	Non Covered: Procedure/service not covered by the Plan		-	_	_
/1025	Pt clin ind img hd	Non Covered: Procedure/service not covered by the Plan		-	 Retired	Retired effective 12/31/2021
v1031	Adt tkng pharmthry for oud	Non Covered: Procedure/service not covered by the Plan		-	netireu	
/1032 /1033	Pharmthry for oud afr 6.30	Non Covered: Procedure/service not covered by the Plan		-	- 12/31/2020	– Retire effective 12/31/2020
и1033 И1034	Adt 180 dys pharmthry oud	Non Covered: Procedure/service not covered by the Plan	· · ·	-	12/31/2020	Neure enective 12/31/2020
				_		
И1035 И1036	Adt pd out mat pr 180 dys tx	Non Covered: Procedure/service not covered by the Plan		_		
	Adt no 180 dys pharmthry oud	Non Covered: Procedure/service not covered by the Plan		_		
A1037	Pt dx lum sp reg cacr	Non Covered: Procedure/service not covered by the Plan		-	-	
/1038	Pt dx lum sp reg fract	Non Covered: Procedure/service not covered by the Plan		-	-	_
/1039	Pt dx lum sp reg inf	Non Covered: Procedure/service not covered by the Plan		-	_	
11040	Pt dx lum idi or cong scol	Non Covered: Procedure/service not covered by the Plan		-	-	_
1041	Pt cr ft inf Im or pt id sl	Non Covered: Procedure/service not covered by the Plan		-	-	_
11043	Fs no odi 9-15mo	Non Covered: Procedure/service not covered by the Plan		_		
11045	Fs oks 9-15mo = 37	Non Covered: Procedure/service not covered by the Plan		_		
1046	Fs oks 9-15mo = 37	Non Covered: Procedure/service not covered by the Plan		-	-	
1049	Fs wth scr no odi pre and p	Non Covered: Procedure/service not covered by the Plan		-	-	
1051	Pt w/cancer scoliosis	Non Covered: Procedure/service not covered by the Plan		-	-	-
1052	Lg pn not meas w/ vas 1yr po	Non Covered: Procedure/service not covered by the Plan		_	-	_
1054	Pt uc in pp	Non Covered: Procedure/service not covered by the Plan	, ,	_	-	-
1055	Aspirin used	Non Covered: Procedure/service not covered by the Plan		_	_	_
1056	Presc antico med in pp	Non Covered: Procedure/service not covered by the Plan		_	_	_
1057	Aspirin not used no rsn	Non Covered: Procedure/service not covered by the Plan		_	_	_
1058	Pt prm nurs hm res in pp	Non Covered: Procedure/service not covered by the Plan		_	_	_
1059	Pt no prm nurs hm res in pp	Non Covered: Procedure/service not covered by the Plan		_	_	_
1060	Pt died in pp	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_		
1061	Pt preg	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	12/31/2020	Retire effective 12/31/2020
1062	Pt imcomprmd	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	-	12/31/2020	Retire effective 12/31/2020
1063	Pt rec hg dos imsup thpy	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	-	12/31/2020	Retire effective 12/31/2020
1064	Shing vac doc adm or pv rec	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	-	12/31/2020	Retire effective 12/31/2020
1065	Shing vac no adm clinc rsn	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	-	12/31/2020	Retire effective 12/31/2020
1066	Shing vac no doc no rsn	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	12/31/2020	Retire effective 12/31/2020
1067	Hspc pt prv time meam per	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11068	Pt not ambulatory	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11069	Pt scr ft fall rsk	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_		_
11070	Pt not scrn fut fall no rsn	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	
11071	Pt had add'l sp pcr perf	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11106	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11107	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11108	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11109	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
11110	Oc ni pt selfdc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
1111	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
1112	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	_	_
1113	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plar	 Not subject to pre-service review. 	_	_	_
11114	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plar	 Not subject to pre-service review. 	_	_	_
1115	Oc ni pt selfdc 1-2 vis	Non Covered: Procedure/service not covered by the Plar	 Not subject to pre-service review. 	_	_	_
1116	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan	1. Not subject to pre-service review.	_	_	_
1117	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan		_	_	_
1118	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan		_	_	_
1119	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan		_	_	_
1120	Oc ni pt selfdc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	· · ·	_	_	_
1121	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan		_	_	_
1122	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan			_	_
1123	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan				_
1124	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	· · ·		-	
1125	Oc ni pt selfdc 1-2 vis	Non Covered: Procedure/service not covered by the Plan			_	
1126	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan	· · · ·		_	-
1127	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan	, ,		-	_
1128	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan			-	
1129	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	· · ·		_	
1130	Oc ni pt self dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan		_		-
1131	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan		_	-	-
1131	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan		_	-	-
1132	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan		-	-	-
1135	Oc ni pt self dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan		-	-	-
	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan Non Covered: Procedure/service not covered by the Plan		-	-	-
1135 1136		· · · · · ·		-		- Retire effective 12/21/2020
	Start eoc doc med rec	Non Covered: Procedure/service not covered by the Plan		-		Retire effective 12/31/2020
11137	Docu dx degen neuro	Non Covered: Procedure/service not covered by the Plan		-	12/31/2020	Retire effective 12/31/2020
11138	Oc ni pt 1-2 vis	Non Covered: Procedure/service not covered by the Plan		_	12/31/2020	Retire effective 12/31/2020
11120	Oc ni pt self dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan		-	12/31/2020	Retire effective 12/31/2020
1139	Oc ni pt dc 1-2 vis	Non Covered: Procedure/service not covered by the Plan	 Not subject to pre-service review. 	_	12/31/2020	Retire effective 12/31/2020
1140			And a lateral second seco			
1140 1141	Fs no oks	Non Covered: Procedure/service not covered by the Plan		_	-	
1140 1141 1142	Fs no oks Emerge cases	Non Covered: Procedure/service not covered by the Plan	n. Not subject to pre-service review.		-	
	Fs no oks		n. Not subject to pre-service review. n. Not subject to pre-service review.		_ 12/31/2020	_ _ _ Retire effective 12/31/2020

	** **				
M1145	Most favored nation (mfn) model drug add-on amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	Retire effective 01/27/2022
И1146	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.	-	-	-
И1147	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.	-	-	-
11148	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.	-	-	-
11149	Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
2031	Hair analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
9020	Plaelet rich plasma unit	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	_
9099	Blood component/product noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
9603	One-way allow prorated miles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9604	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.	_	_	_
20092	Set up port xray equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
20477	Pwr module pt cable lvad rpl	post-service review.	-	-	-
20478	Power adapter combo vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
20479	Power module combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
20480	Driver pneumatic vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
20481	Microprcsr cu elec vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20482	Microprcsr cu combo vad rep	post-service review.	-	-	-
20483	Monitor elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20484	Monitor elec or comb vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
20485	Monitor cable elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
20486	Mon cable elec/pneum vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
20487	Leads any type vad rep only	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20488	Pwr pack base elec vad rep	post-service review.	-	-	-
20489	Pwr pck base combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20490	Emr pwr source elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0491	Emr pwr source combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20492	Emr pwr cbl elec vad rep	post-service review.	-	-	-
20493	Emr pwr cbl combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20494	Emr hd pmp elec/combo rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
20495	Charger elec/combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20496	Battery elec/combo vad rep	post-service review.	-	-	-
20497	Bat clps elec/comb vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20498	Holster elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
20499	Belt/vest elec/combo vad rep	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
20500	Filters elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20501	Shwr cov elec/combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
20502	Mobility cart pneum vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
20503	Battery pneum vad replacemnt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20504	Pwr adpt pneum vad rep veh	post-service review.	-	-	-
20506	Lith-ion batt elec/pneum VAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
Q0506		post-service review.			

Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
00500	Mis sup/ac imp VAD nopay med	Halistad: Drasadura (convice not specifically defined as elassified, may be subject to contract (clinical raviou			
Q0509		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
Q0510 Q0511	Dispens fee immunosupressive Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
Q2028	Inj sculptra 0.5mg	post-service review.	-	-	-
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
02044					
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	Sinuleucel-T Minimum Of 50 Million Autologo	NP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		10/10/2021	Moved to PA code list
42010			-	10/10/2021	
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 Red blood cell antigen typing, DNA,	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q2053	genotyping of at least 16 blood groups with	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021		Add effective 04/01/2021
Q2055		post-service review. Prior Authorization may be required per contract agreement.	4/1/2021	-	Aud effective 04/01/2021
	cell antigens				
	Lisocabtagene Maraleucel Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Q2054	Cells Including Leukapheresis And Dose	post-service review. Prior Authorization may be required per contract agreement.	10/1/2021	-	Add effective 10/01/2021
	Preparation Procedures Per Therapeutic Dose				
02055		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add affa attive 01/01/2022
Q2055	Idecabtagene Vicleucel Car	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	10/1/2022		Add effective 10/1/2022
Q3001	Brachytherapy Radioelements	post-service review. Prior Authorization may be required per contract agreement. 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.	_	_	-
Q+050			-	-	-
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.	_	_	_
0.4400					
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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4103	Oasis burn matrix	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	_	5/14/2021	Retired
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	F /4 F /2024		
Q4104	Integra BMWD	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
Q4106	Dermagraft	post-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	_	_	_
0 4465	1.1	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Q4108	Integra matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q4108 Q4110	Integra matrix Primatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- 5/15/2021	-	-
Q4110	Primatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 5/15/2021		- - Retired
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	- - 5/14/2021	- - Retired
Q4110	Primatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- 5/15/2021 - 5/15/2021	- - 5/14/2021	- Retired
Q4110 Q4110	Primatrix Primatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	- Retired Retired Retired
Q4110 Q4110 Q4111 Q4111	Primatrix Primatrix Gammagraft Gammagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 5/15/2021 -	- - 5/14/2021 - 5/14/2021	-
Q4110 Q4110 Q4111	Primatrix Primatrix Gammagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4110 Q4110 Q4111 Q4111	Primatrix Primatrix Gammagraft Gammagraft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Post-service review.	- 5/15/2021 -	-	-
Q4110 Q4110 Q4111 Q4111 Q4112 Q4112	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- 5/15/2021 - 5/15/2021 -	- 5/14/2021 -	- Retired
Q4110 Q4110 Q4111 Q4111 Q4112	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- 5/15/2021 -	- 5/14/2021 -	- Retired
Q4110 Q4110 Q4111 Q4111 Q4112 Q4112	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. IP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 5/15/2021 - 5/15/2021 -	- 5/14/2021 -	- Retired
Q4110 Q4110 Q4111 Q4111 Q4112 Q4112 Q4113 Q4113	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc Cymetra, injectable, 1 cc Graftjacket xpress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- 5/15/2021 - 5/15/2021 -	- 5/14/2021 - 5/14/2021 -	- Retired Retired
Q4110 Q4110 Q4111 Q4111 Q4112 Q4112 Q4113	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc Cymetra, injectable, 1 cc Graftjacket xpress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 5/15/2021 - 5/15/2021 -	- 5/14/2021 - 5/14/2021 -	- Retired Retired
Q4110 Q4110 Q4111 Q4111 Q4112 Q4112 Q4113 Q4113	Primatrix Primatrix Gammagraft Gammagraft Cymetra, injectable, 1 cc Cymetra, injectable, 1 cc Graftjacket xpress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- 5/15/2021 - 5/15/2021 -	- 5/14/2021 - 5/14/2021 -	- Retired Retired

04145	Alleshie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		F /1 / /2021	Deticed
Q4115	Alloskin	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	5/14/2021	Retired
Q4116	Alloderm	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	5/15/2021	_	_
Q4118	Matristem micromatrix	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	Retired
Q4121	Theraskin	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4121	Theraskin	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	Retired
Q4122	Dermacell awm porous sq cm	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		
Q4124	Square Centimeter Oasis Ultra Tri-Layer Wound Matrix Per	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		- 5/14/2021	Retired
	Square Centimeter	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	
Q4125	Arthroflex Per Square Centimeter	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4125	Arthroflex Per Square Centimeter	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		5/14/2021	Retired
Q4128	Flexhd/Allopatchhd/matrixhd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4130	Strattice Tm Per Square Centimeter	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4130	Strattice Tm Per Square Centimeter	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 stravix 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	_	5/14/2021	Retired
Q4135	Mediskin	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-,,	- 5/14/2021	-
Q4135	Mediskin	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	Retired
Q4136	EZderm	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			
Q4141	Alloskin ac 1 cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- 5/15/2021	-	
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/ 15/ 2021	-	-
Q4141	Alloskin ac 1 cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	Retired
Q4142	Xcm biologic tiss matrix 1cm	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	_	5/14/2021	Retired
Q4145	Epifix inj 1mg	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- 5/15/2021	-	-
Q4146	Tensix 1cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4146	Tensix 1cm	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	_	_
	5 H 0.1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/44/2024	Putted
Q4149	Excellagen 0.1 cc	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Q4151	Amnioband guardian 1 sq cm	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	5/15/2021	_	_
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
Q4152	Dermapure 1 square cm	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			
4.1255		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.	_	-	-
0.4455		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4155	Neoxflo or clarixflo 1 mg	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4157	Revitalon 1 square cm	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	5/15/2021		
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
Q4158	Kerecis omega3 per sq cm	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		1/31/2022	Retire effective 01/31/2022
0,4155	Amintyi square em	Website Coding and Compensation Non-reimbursable EIU policy.	-	1/51/2022	Netire encetive 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
04160	Nuchield 1 square em	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4160	Nushield 1 square cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	_
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Q4161	Bio-connekt per square cm	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4163	Woundex bioskin per sq cm	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	5/15/2021		
Q+10+		Website Coding and Compensation Non-reimbursable EIU policy.		-	-
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
		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- / /		
Q4165	Keramatrix Kerasorb sq cm	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	_	5/14/2021	Retired
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4166	Cytal per square centimeter	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		5/14/2021	Retired
	· / · · · · · · · · · · · · · · · · · ·	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-		
Q4167	Truskin per sq centimeter	Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4167	Truskin per sg centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	Retired
0,4107	nuskii per sq centineter	post-service review.	-	5/14/2021	hetheu
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0.4450		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4169	Artacent wound per sq cm	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4171	Interfyl 1 mg	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4174	Palingen or promatrx	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	4/1/2021		
	,, p	Website Coding and Compensation Non-reimbursable EIU policy.		-	-
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
04170	Neopatch or thesion, per course section	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4176	Neopatch or therion, per square centimeter	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4178	Floweramniopatch per sq cm	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	5/15/2021		
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Q4179	Flowerderm per sq cm	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			
4,100		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.	-	-	-
04100	T	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4182	Transcyte per sq centimeter	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	_	5/14/2021	Retired
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4183	Surgigraft 1 sq cm	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			
Q4186		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	=
	Epifix 1 sq cm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
Q4187	Epicord 1 sq cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4188	Amnioarmor 1 sq cm	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	5/15/2021		
Q4193	Coll-e-derm 1 sq cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	Retired
Q4194	Novachor 1 sq cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-,-,	
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4195	Puraply 1 sq cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4195	Puraply 1 sq cm	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	4/15/2022	_	Add effective 04/15/2022
Q4199	Cygnus Matrix Per Sq Cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	4/14/2022	Add effective 01/01/2022; Retire
Q4200	Skin te 1 sq cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		effective 04/14/2022
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	- Retired
Q4200	Skin te 1 sq cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	Ketired
Q4201	Matrion 1 sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4202	Keroxx (2.5g/cc) 1cc	Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4202	Keroxx (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			
Q4209	Surgraft per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4210	Axolotl graf dualgraf sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4211	Amnion bio or axobio sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4212	Allogen per cc	Website Coding and Compensation Non-reimbursable EU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4213	Ascent 0.5 mg	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	_	_	_
Q4220	Bellacell HD Surederm sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	
Q4220	Bellacell HD Surederm sq cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	- Retired
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-, - , 2021	
Q4221	Amniowrap2 per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4222	Progenamatrix per sq cm	Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/15/2021	-	-
Q4222	Progenamatrix per sq cm	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 Websit	le 4/1/2022	-	Added to list

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	_	_	_
Q4231	Corplex p per cc	Website Coding and Compensation Non-reimbursable ElU policy. ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4232	Corplex per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4232	Surfactor /nudyn per 0.5 cc	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4234	Xcellerate per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4235	Amniorepair or altiply sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4236	Carepatch per sq cm	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	Retired	Retire effective 12/31/2020
Q4237	Cryo-cord per sq cm	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	_	_	_
Q4241	Polycyte topical only 0.5cc	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4242	Amniocyte plus per 0.5 cc	Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4244	Procenta per 200 mg	Website Coding and Compensation Non-reimbursable ElU policy. ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	-	-
Q4245	Amniotext per cc	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	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2022
	Centimeter	Website Coding and Compensation Non-reimbursable EIU policy.			Add effective 10/01/2021; Retire
Q4253	Zenith Amniotic Membrane Per Square	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	4/14/2022	
	Zenith Amniotic Membrane Per Square Centimeter Novafix dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	10/1/2021 3/1/2021	4/14/2022	effective 04/14/2022
Q4253 Q4254	Centimeter Novafix dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
Q4253 Q4254 Q4254	Centimeter Novafix dl per sq cm Novafix dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	3/1/2021	4/14/2022 - 2/28/2021	effective 04/14/2022
Q4253 Q4254 Q4254 Q4255	Centimeter Novafix dl per sq cm Novafix dl per sq cm Reguard topical use per sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- 2/28/2021 -	effective 04/14/2022 - Retired -
Q4253 Q4254 Q4254 Q4255 Q4255	Centimeter Novafix dl per sq cm Novafix dl per sq cm Reguard topical use per sq Reguard topical use per sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021 - 3/1/2021 -	-	effective 04/14/2022 - Retired Retired Retired
Q4253 Q4254 Q4254 Q4255 Q4255 Q4255 Q4256	Centimeter Novafix dI per sq cm Novafix dI per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	3/1/2021 - 3/1/2021 - 4/1/2022	- 2/28/2021 -	effective 04/14/2022 Retired Retired Added to list
Q4253 Q4254 Q4254 Q4255 Q4255 Q4255 Q4256 Q4257	Centimeter Novafix dI per sq cm Novafix dI per sq cm Reguard topical use per sq Reguard topical use per sq Mlg complet per sq cm Relese per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022	- 2/28/2021 -	effective 04/14/2022 - Retired Retired Added to list Added to list
Q4253 Q4254 Q4254 Q4255 Q4255 Q4255 Q4256	Centimeter Novafix dI per sq cm Novafix dI per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022	- 2/28/2021 -	effective 04/14/2022 Retired Retired Added to list
Q4253 Q4254 Q4254 Q4255 Q4255 Q4255 Q4256 Q4257 Q4258	Centimeter Novafix dI per sq cm Novafix dI per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 4/1/2022	- 2/28/2021 -	effective 04/14/2022 - Retired Retired Added to list Adde to l
Q4253 Q4254 Q4254 Q4255 Q4259 Q4259	Centimeter Novafix dI per sq cm Reguard topical use per sq Reguard topical use per sq MIg complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subj	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2022 7/1/2022	- 2/28/2021 - 2/28/2021 - - - - -	effective 04/14/2022 Retired Retired Added to list Added fective 01/01/2023 Retire effective 12/31/2022; Add effective 07/01/2022
Q4253 Q4254 Q4255 Q4255 Q4255 Q4255 Q4255 Q4256 Q4257 Q4258 Q4259 Q4259 Q4260	Centimeter Novafix dl per sq cm Novafix dl per sq cm Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Ciera Per Sq Cm Signature Apatch Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2023 7/1/2022 1/1/2023	- 2/28/2021 - 2/28/2021 - - - - 12/31/2022 -	effective 04/14/2022 - Retired Retired Added to list Adde to l
Q4253 Q4254 Q4255 Q4255 Q4255 Q4255 Q4255 Q4255 Q4255 Q4255 Q4255 Q4259 Q4259 Q4260 Q4260	Centimeter Novafix dl per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Signature Apatch Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: 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 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2023 7/1/2022 1/1/2023 7/1/2022	- 2/28/2021 - 2/28/2021 - - - - -	effective 04/14/2022 Retired Retired Added to list Adde ffective 01/01/2023 Retire effective 01/01/2023 Retire effective 01/01/2023 Retire effective 12/31/2022; Add effective 01/01/2023
Q4253 Q4254 Q4255 Q4255 Q4255 Q4255 Q4255 Q4257 Q4258 Q4259 Q4259 Q4260 Q4261	Centimeter Novafix dl per sq cm Novafix dl per sq cm Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Signature Apatch Per Sq Cm Signature Apatch Per Sq Cm Tag Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbu	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 4/1/2023 7/1/2022 1/1/2023 7/1/2022 1/1/2023	- 2/28/2021 2/28/2021 - - - - 12/31/2022 12/31/2022	effective 04/14/2022 Retired Retired Added to list Adde ffective 01/01/2023 Retire effective 01/01/2023 Retire effective 01/01/2023 Retire effective 01/01/2023 Add effective 01/01/2023
Q4253 Q4254 Q4255 Q4255 Q4255 Q4255 Q4256 Q4259 Q4259 Q4260 Q4261	Centimeter Novafix dl per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Signature Apatch Per Sq Cm Signature Apatch Per Sq Cm Tag. Per Square Centimeter	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Web	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2023 7/1/2022 1/1/2023 1/1/2023 7/1/2022 1/1/2023	- 2/28/2021 2/28/2021 - 2/28/2021 - 1/2/31/2022 - 1/2/31/2022	effective 04/14/2022 Retired Retired Added to list Adde flective 01/01/2023 Retire effective 12/31/2022; Add effective 07/01/2023 Add effective 01/01/2023 Retire effective 12/31/2022; Add effective 07/01/2023 Retire effective 12/31/2022; Add effective 07/01/2023
Q4253 Q4254 Q4255 Q4255 Q4255 Q4256 Q4257 Q4258 Q4259 Q4259 Q4260 Q4261 Q5090	Centimeter Novafix dl per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Signature Apatch Per Sq Cm Tag Per Square Centimeter Tag Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EUL: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2023 7/1/2022 1/1/2023 1/1/2023 7/1/2022 1/1/2023	- 2/28/2021 2/28/2021 - 2/28/2021 - 1/2/31/2022 - 1/2/31/2022	effective 04/14/2022 Retired Added to list Adde flective 01/01/2023 Retire effective 12/31/2022; Add effective 07/01/2022 Add effective 01/01/2023 Retire effective 12/31/2022; Add effective 07/01/2023
Q4253 Q4254 Q4255 Q4255 Q4255 Q4255 Q4256 Q4259 Q4259 Q4260 Q4261	Centimeter Novafix dl per sq cm Reguard topical use per sq Reguard topical use per sq Mig complet per sq cm Relese per sq cm Enverse per sq cm Celera Per Sq Cm Signature Apatch Per Sq Cm Signature Apatch Per Sq Cm Tag. Per Square Centimeter	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Web	3/1/2021 - 3/1/2021 - 4/1/2022 4/1/2022 1/1/2023 7/1/2022 1/1/2023 1/1/2023 7/1/2022 1/1/2023	- 2/28/2021 2/28/2021 - 2/28/2021 - 1/2/31/2022 - 1/2/31/2022	effective 04/14/2022

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	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
Q5112	(Nivestym) 1 Microgram 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 herzuma 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		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.			
Q3113			-	-	-
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. avsola 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
Q5122	Injection Pegfilgrastim-Apgf Biosimilar	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
	(Nyvepria) 0.5 Mg				
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 Department of veterans affairs whole health	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
Q9004	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 R0076	Transport port x-ray multipl Transport portable EKG	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			-
50013	Esketamine, nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
S0126	Inj follitropin alfa 75 iu	post-service review. 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	_	_	_
\$0157	Becaplermin gel 1% 0.5 gm	post-service review. 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S0207	Paramedicintercep nonhospals	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S0208	Paramed intrcept nonvol	post-service review.	-	-	-
S0209	WC van mileage per mi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S0215	Nonemerg transp mileage	mip criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

0257	Comp geriatr assmt team	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/202
0257	End of life counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/202
260	H&P for surgery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
271	Home hospice case 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
302	Completed EPSDT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
310	Hospitalist visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
			-	_	
340	Lifestyle mod 1st stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
341	Lifestyle mod 2 or 3 stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
342	Lifestyle mod 4th stage	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0390	Rout foot care per visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	
0395	Impression casting ft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0510	Non-Prescription Lens (Safety Athletic Or	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022
	Sunglass) Per Lens			-	
0516	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
0518	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
0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
0550	wise integral lens serv	Unisted. Procedure/service not specifically defined of classified, may be subject to contract/clinical review.	-	-	-
0596	Phakic iol refractive error	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0550		post-service review.	-	-	-
0080	Laser in situ keratomileusis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	
0812	Phototherap keratect	post-service review.	-	-	-
1001	Deluxe item	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
1001	Deluxe item	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
1030	Gluc monitor purchase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review.			
1031	Gluc monitor rental	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review.		-	-
1034	Art pancreas system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review.	-	-	-
1035	Art pancreas inv disp sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1055	Art panereas inv disp sensor	post-service review.	-	-	-
1036	Art pancreas ext transmitter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1030	Art pancieas ext transmitter	post-service review.	-	-	-
1027	A -+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1037	Art pancreas ext receiver	post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1040	Cranial remolding orthosis	post-service review.	-	-	_
	Stent, non-coronary, temporary, with delivery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
51091	system (propel)	post-service review.	4/1/2021	-	Add effective 04/01/2021
	system (proper)				
2053	Transplantation of small int	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
2054	Transplantation of multivisc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
	•		-	-	-
2055	Harvesting of donor multivis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
52060	Lobar lung transplantation	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
	Donor lobectomy (lung)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
2061	bonor ibbeetoniy (idiig)	post-service review.	-	-	-
2061					_
	Simult panc kidn trans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	
2065	· · · · ·		_	_	
2065	Simult panc kidn trans Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
2065 2080	Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2065 2080	· · · · ·	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
2065 2080	Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2065 2080 2083	Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	-	
2065 2080 2083 2095	Laup Adjustment gastric band Transcath emboliz microspher	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- - -	-
2065 2080 2083 2095	Laup Adjustment gastric band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - -	- - - -	-
2065 2080 2083 2095 2102	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	- - -	- - - -
2065 2080 2083 2095 2102	Laup Adjustment gastric band Transcath emboliz microspher	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - - -	- - - -
2065 2080 2083 2095 2102 2103	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - - - -	- - - -
2065 2080 2083 2095 2102 2103	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - -	- - - - - -	- - - - -
22065 22080 22083 22095 22095 22102 22102 22103	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - - - -	- - - - -
2065 2080 2083 2095 2102 2103 2107	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - -	- - - - - -	- - - - -
2061 2065 2080 2083 2095 2095 2102 22103 22103 22107 22112	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy Knee arthroscp harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - -	- - - - - -	-
2065 2080 2083 2095 2102 2102 2103 2107 2112	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - -	- - - - - - -	- - - - -
22065 22080 22083 22095 22095 22102 22103 22107 22112 22112	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy Knee arthroscp harv Arthroereisis subtalar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. ElU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- - - - - -	- - - - - - -	- - - - - -
22065 22080 22083 22095 22095 22102 22102 22103	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy Knee arthroscp harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	- - - - - - - - -	- - - - - - - -	- - - - - - -
22065 22080 22083 22095 22102 22102 22107 22117 22117 22118	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy Knee arthroscp harv Arthroereisis subtalar Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service neviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - -	- - - - - - - -	- - - - - - -
22065 22080 22083 22095 22095 22102 22103 22107 22112 22112	Laup Adjustment gastric band Transcath emboliz microspher Islet cell tissue transplant Adrenal tissue transplant Adoptive immunotherapy Knee arthroscp harv Arthroereisis subtalar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - - - - -	- - - - - - - - - -	- - - - - - - -
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S2235	Implant auditory brain imp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
S2300	Arthroscopy shoulder surgi	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
62240	December dies DE Lumber	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
S2348	Decompress disc RF lumbar	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.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
S2401	Fetal surg urin trac obstr	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S2403	Fetal surg pulmon sequest	post-service review.	-	-	-
S2404	Fetal surg myelomeningo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
52.101	· cal saig infelomentigo	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	Fotol surg pos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
32403	Fetal surg noc		-	-	-
S2411	Fetoscop laser ther TTTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
	Surgical Techniques Requiring Use Of Robotic				
S2900	Surgical System (List Separately In Addition To	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
	Code For Primary Procedure)				
\$3601	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.	-	-	-
52652	Saliva tast hormono level	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
\$3652	Saliva test hormone level;	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
\$3849	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 canc case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
S4020 S4021	IVF cancia 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 Asst oocyte fert case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
S4022 S4023	Incompl donor egg case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
\$4025	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 init visit Sperm procure subs visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
S4031 S4037	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4031 S4037 S4040	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -	-	-
S4031 S4037 S4040 S4042	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - 1/1/2022	_ _ _ _ _	
S4031 S4037 S4040	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - 1/1/2022 1/1/2022	- - - - -	_ _ _ _ _ Add effective 01/01/2022 Add effective 01/01/2022
S4031 S4037 S4040 S4042 S4990 S4991	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	- - - - - -	Add effective 01/01/2022
S4031 S4037 S4040 S4042 S4990 S4991 S5108	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend Nicotine Patches Non-Legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - - -	
S4031 S4037 S4040 S4042 S4990 S4991	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend Nicotine Patches Non-Legend Home care training to home care client per	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	- - - - - - - - - - - -	Add effective 01/01/2022
S4031 S4037 S4040 S4042 S4990 S4991 S5108	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend Nicotine Patches Non-Legend Home care training to home care client per 15 minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1/1/2022 5/1/2021	- - - - - - - -	Add effective 01/01/2022 Add effective 05/01/2021
S4031 S4037 S4040 S4042 S4990 S4991 S5108 S5110 S5111	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend Nicotine Patches Non-Legend Home care training to home care client per 15 minutes Home care training family; per 15 minutes Home care training family; per session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1/1/2022 5/1/2021 5/1/2021	- - - - - - - - -	Add effective 01/01/2022 Add effective 05/01/2021 Add effective 05/01/2021
54031 54037 54040 54042 54990 54991 55108 55110	Sperm procure init visit Sperm procure subs visit Cryo embryo transf case rate Monit store cryo embryo 30 d Ovulation mgmt per cycle Nicotine Patches Legend Nicotine Patches Non-Legend Home care training to home care client per 15 minutes Home care training family; per 15 minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Mo Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1/1/2022 5/1/2021 5/1/2021		Add effective 01/01/2022 Add effective 05/01/2021 Add effective 05/01/2021
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S8948	Low-level laser trmt 15 min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
\$8990	Pt or manip for maint	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	· · · · · · · · · · · · · · · · · · ·	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
\$9001	Home uterine monitor with or	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
\$9055	Procuren or other growth fac	post-service review.	-	-	-
\$9056	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
\$9090	Vertebral axial decompressio	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
\$9117	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.	-	-	-
\$9123	Nursing care in home RN	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
			-	-	-
\$9124	Nursing care in the home; b	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
\$9128	Speech therapy in the home	post-service review.	-	-	-
\$9129	Occupational therapy in the	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
\$9131	PT in the home per diem	post-service review.	-	-	-
\$9145	Insulin pump initiation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
\$9208		post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S9208 S9335	Home mgmt preterm labor HT hemodialysis diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. 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.	_	_	
\$9341	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.	-	-	-
\$9343	HIT enteral bolus nurs	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
33343		wir chtena. Procedule/service in this code group may require Phor 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.			
55504			-	-	-
\$9365	HIT tpn 1 liter diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
\$9366	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 3I 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. Prio		_ quired per contract ag	 r &Aoven tto PA code list
		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	 r <u>A</u> uthorization may be re 	 quired per contract ag	 PAcode list
S9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio		_ quired per contract ag _ _	 r &daved ito PA code list
<mark>\$9379</mark> \$9381 \$9430	HIT noc per diem HIT high risk/escort Pharmacy comp/disp serv Medical Foods For Non-Inborn Errors Of	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_ _ _ _ _ _	-
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<mark>\$9379</mark> \$9381 \$9430	HIT noc per diem HIT high risk/escort Pharmacy comp/disp serv Medical Foods For Non-Inborn Errors Of	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	- _ _ _ _ _	-
S9379 S9381 S9430 S9432	HIT noc per diem HIT high risk/escort Pharmacy comp/disp serv Medical Foods For Non-Inborn Errors Of Metabolism	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	- quired per contract ag - - -	-
S9379 S9381 S9430 S9432 S9433 S9445	HIT noc per diem HIT high risk/escort Pharmacy comp/disp serv Medical Foods For Non-Inborn Errors Of Metabolism Medical food oral 100% nutr	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	- quired per contract ag - - - -	-
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S9379 S9381 S9430 S9432 S9433 S9445 S9446 S9449	HIT noc per diem HIT high risk/escort Pharmacy comp/disp serv Medical Foods For Non-Inborn Errors Of Metabolism Medical food oral 100% nutr PT education noc individ PT education noc group Weight mgmt class	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prio Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
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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 and supplies	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.	-	-	-
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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.	-	-	-
т2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
т2030	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.	-	-	-
т2033	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.	-	_	_
т2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
T2040	Financial mgt waiver/15min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
T2041	Support broker waiver/15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
T2047	Hab prevo 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 T4538	Reusable underpad bed size Diaper serv reusable diaper	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4538 T4539	Diaper serv reusable diaper Reuse diaper/brief any size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4539 T4540	Reusable underpad chair size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4541	Large disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4541 T4542	Small disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4542	Adult disp brief/diap abv xl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4544	Addit disp brief/diap abv xi Adlt disp und/pull on abv xi	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		Unlisted: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
V2025	Supply nos Eyeglasses delux frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
V2199	Lens single vision not oth c				
V2199 V2523	Lens single vision not oth c Cntct lens hydrophil extend	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
<u> </u>		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
V2523	Cntct lens hydrophil extend	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
V2523 V2524	Cntct lens hydrophil extend Cntct lens hydrophil photoch	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
2600	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
2627	Scleral cover shell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
744	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
2745	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
750	Anti-reflective coating	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
2755	UV lens/es	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
756	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
2760	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
2761	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
2762	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
2787	Astigmatism-correct function	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
2788	Presbyopia-correct function	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2790	Amniotic membrane	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2799	Misc vision item or service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
011	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
5090	Hearing aid dispensing fee	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
5095	Implant mid ear hearing pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
5264	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
5265	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
5267	Hearing aid sup/access/dev	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
268	ALD Telephone Amplifier	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
269	Alerting device any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
5270	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
5271	ALD TV caption decoder	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			

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